IMPLEMENTING ANTIRETROVIRAL TREATMENT PROGRAMMES TO SUPPORT EMPLOYEES LIVING WITH HIV IN ADHERENCE: THE CASE OF COMPANIES PARTNERING WITH THE SWEDISH WORKPLACE HIV/AIDS PROGRAMME (SWHAP)

BY

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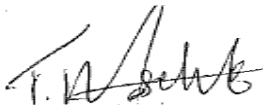
DECLARATION

I declare that EXPLORING IMPLEMENTATION OF ANTIRETROVIRAL TREATMENT PROGRAMMES TO SUPPORT EMPLOYEES LIVING WITH HIV IN ADHERENCE: THE CASE OF COMPANIES PARTNERING WITH THE SWEDISH WORKPLACE HIV/AIDS PROGRAMME (SWHAP) is my own work and that all the sources that I used and quoted have been indicated and acknowledged by means of complete references.



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TD MOSEHLE

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DEDICATION

I dedicate this study to the memory of the late Mr Jacob Graaf SWHAP Strategic Adviser; your dedication towards SWHAP will never go unnoticed. Thank you for encouraging me to continue with this study based on SWHAP partnering companies and explores how ART programmes support employees living with HIV to adhere with treatment. Your rich data during our interview in 2018 added value and understanding to the work of SWHAP particularly in some companies.

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May their beautiful souls rest in eternal peace.

LIST OF ACRONYMS

AAI	AIDS Accountability International
AIDS	Acquired Immunodeficiency syndrome
ART	Antiretroviral therapy
AZT	azidothymidine
BMI	Body Mass Index
CDC	Centers for Disease Control and Prevention
DoL	Department of Labour
DRMs	Drug resistance mutations
GARPR	Global AIDS Response Progress Report
HIV	Human Immunodeficiency Virus
HIVDR	HIV drug resistance
HTC	HIV Testing and Counselling
ILO	International Labour Organization
LTFU	Lost to follow up
NCD	Non-Communicable Diseases
NUMSA	National Union of Mineworkers
NIR	International Council of Swedish Industry
ELWHIV	Employees living with HIV
PLWHIV	People living with HIV
PMTCT	Prevention of Mother to Child Treatment
SABCOHA	South African Business Coalition on HIV and AIDS

SMME	Small Medium Enterprise
SWHAP	Swedish Workplace HIV/AIDS Programme
TB	Tuberculosis
TAG	Technical Assistance Guidelines
TasP	Treatment as Prevention
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
UNAIDS	Joint United Nations Programme on HIV/AIDS

Keywords; adherence, ART treatment, ART programmes, employees living with HIV, psychosocial support, SWHAP companies, service provider.

ABSTRACT

Providing support to employees living with HIV to adhere with treatment at home and at work is the key to prolong life and wellbeing of those who are infected and affected by HIV/AIDS pandemic. This study was qualitative explorative research. The study used qualitative method of collecting data which allowed the researcher to conduct interviews at the natural settings where it was convenient for participants to take interview calls.

The purpose of this study was to explore how implementation of ART programmes support employees living with HIV (ELWHIV) to adhere with treatment at home and work so that gaps and areas of improvement are identified. The study took place at SWHAP companies that are based in Ekurhuleni, Gauteng. The study used purposive sampling to identify key informants who were directly involved in the implementation of the ART programmes. Data was largely analysed using content, thematic and triangulation analysis. Theory of social ecology and empowerment theory were applied as companies are seen using workplaces as safe space to provide counselling and psychosocial support to ELWHIV through Reality Wellness.

Findings:

The findings of the study revealed that ART programmes are in place in SWHAP companies and are also ongoing. The study also reveals that Reality Wellness provided counselling and psychosocial support to ELWHIV to adhere with treatment at home and at work. The study further reveals that ELWHIV fear to disclose their HIV status because of stigma and discrimination.

Recommendations:

More dialogue and further studies on ART programmes particularly on ART adherence at home and at work need to be done. Management should take ownership and get involved directly with ART programmes and enhance support to ELWHIV to adhere with treatment at home and at work.

TSHOBOKANYO

Go tshegetsa badiri ba ba tshelang ka mogare wa HIV gore ba obamele tiriso ya kalafi kwa gae le kwa tirong go botlhokwa go tshegetsa botshelo le itekanelo ya ba ba tshwaeditsweng le ba ba amilweng ke leroborobo la AIDS. Thutopatlisiso eno e ne e lebelela mabaka mme e tlhotlhomisa. Mokgwa wa go lebelela mabaka go kokoanya *data* o letlile mmatlisisi go dira dipotsolotso mo mafelong a tlwaelo a banni-le-seabe moo go neng go le bonolo mo go bone go araba megala ya dipotsolotso.

Maikemisetso a thutopatlisiso eno, e ne e le go tlhotlhomisa ka moo go tsenngwa tirisong ga mananeo a ART go tshegetsang badiri ba ba tshelang ka HIV (ELWHIV) ka go na go obamela tiriso ya kalafi kwa gae le kwa tirong gore go kgone go supiwa diphatlha le dikarolo tse di ka tokafadiwang. Thutopatlisiso e dirilwe kwa ditlamong tsa SWHAP tse di kwa Ekurhuleni, Gauteng. Go diragaditswe mokgwa wa go tlhopha sampole go ya ka maikaelelo a thutopatlisiso go supa basedimosetsi ba botlhokwa ba ba neng ba na le seabe ka tlhamalalo mo go tsenngweng tirisong ga mananeo a ART. Go lokolotswe *data* go dirisiwa molokololo wa diteng, morero le tiriso ya melebo e e farologaneng go lokolola. Go dirisitswe tiori ya ikholoji ya loago le tiori ya maatlafatso ka ntlha ya fa ditlamo di bonwa di dirisa mafelo a tiro jaaka dibaka tse di bolokesegileng tsa go tlamela tshegetso ya maikutlo le tshegetso ya tlhaloganyoloago go badiri ba ba tshelang ka HIV ka itekanelo ya nnete.

Diphitlhelelo:

Diphitlhelelo tsa thutopatlisiso di bontsha gore mananeo a ART a gona mo ditlamong tsa SWHAP mme a tswelela pele. Itekanelo ya nnete e tlamela ka tshegetso ya maikutlo le ya tlhaloganyoloago go badiri ba ba tshelang ka HIV gore ba obamele tiriso ya kalafi kwa gae le kwa tirong. Gape thutopatlisiso e bontsha gore badiri ba ba tshelang ka HIV ba tshaba go senola seemo sa bona sa HIV ka ntlha ya sekgobo le go tlhaolwa.

Dikatlenegiso:

Go tshwanetse ga nna le dipuisano le dithutopatlisiso tse dingwe tsa manaeo a ART, bogolo segolo kobamelo ya tiriso ya ART kwa gae le kwa tirong. Botsamaisi bo tshwanetse go nna beng ba, e bile bo nne le seabe ka tlhamalalo mo mananeong a ART le go tshegetsa badiri ba ba tshelang ka HIV gore ba obamele tiriso ya kalafi kwa gae le kwa tirong.

Mafoko a botlhokwa*:* Mananeo a ART a mo tirong, Badiri ba ba tshelang ka HIV, Kobamelo, Tshegetso ya tlhaloganyoloago.

SETSOPOLWA

Go fa bašomi bao ba phelago ka HIV gore ba obamele go nwa dihlare ka gae le mošomong ke selo se bohlokwa go dira gore ba phele lebaka le letelele le gore bao ba fetetšwego le go angwa ke leuba la AIDS ba phele gabotse. Dinyakišišo tše di bile tša boleng le tša go utolla. Mokgwa wa go kgoboketša tshedimošo wa boleng o kgontšhitše monyakišiši go dira dipoledišano ka seemong sa tlhago sa mokgathatema fao go bilego bonolo go yena go araba megala ya dipoledišano.

Maikemišetšo a dinyakišišo tše e bile go utolla ka fao go tsenya tirišong ga mananeo a ART go thekgago bašomi bao ba phelago ka HIV (ELWHIV) go obamela go nwa dihlare ka gae le mošomong gore dikgoba le dibaka tša kaonafalo di tsebje. Dinyakišišo tše di dirilwe ka dikhamphaning tša SWHAP tšeo di lego ka Ekurhuleni, Gauteng. Go dira sampole ka maikemišetšo go phethagaditšwe ka nepo ya go tseba baseboši ba bohlokwa bao ba bego ba kgatha tema thwii ka mananeong a ART. Tshedimošo e sekasekilwe ka go šomiša tshekatsheko ya diteng, ya morero le ya seemokhutlotharo. Teori ya ekholotši ya leago le theori ya maatlafatšo di dirišitšwe ka ge dikhamphani di bonwa e le tšeo di šomišago mafelo a mošomong bjalo ka mafelo ao a bolokegilego a go fana ka keletšo le thekgo ya tša menagano go ELWHIV ka go diriša temogo ya seemo sa makgonthe.

Dikutollo:

Dikutollo tša dinyakišišo di utolla gore mananeo a ART a tsentšwe tirišong ka dikhamphaning tša SWHAP ebile a tšwela pele. Temogo ya seemo sa makgonthe e fana ka keletšo le thekgo ya menagano go ELWHIV ka nepo ya gore ba omabele go nwa dihlare ka gae le mošomong. Dinyakišišo di tšwela pele go utolla gore ELWHIV ba tšhoga go tsebagatša maemo a bona a HIV ka lebaka la kgobošo le kgethologanyo.

Ditšhišinyo:

Dingangišano tše dingwe le dinyakišišo go tšwela pele ka go mananeo a ART, kudukudu mabapi le go obamela go nwa dihlare tša ART ka gae le mošomong, di

swanetše go dirwa. Ba taolo ba swanetše go tšea maikarabelo a mananeo a ART le go kgatha tema ka go ona thwii le go maatlafatša thekgo go ELWHIV ka nepo ya go obamela go nwa dihlare ka gae le mošomong.

Mantšu a bohlokwa: Mananeo a mošomong a ART, Bašomi bao ba phelago ka HIV, Go obamela, thekgo ya menagano.

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CHAPTER 1: INTRODUCTION OF THE STUDY

1.1 Introduction

The study is a qualitative research which seeks to explore how implementation of antiretroviral treatment (ART) programmes support employees living with HIV (ELWHIV) to adhere with treatment at home and at work. The study is based in some of the companies that partnered with The Swedish Workplace HIV/AIDS Programme (SWHAP) five years ago. SWHAP was launched in South Africa in 2004.

Some of the SWHAP companies in South Africa include ABB, Alfa Laval, Assa Abloy, Atlas Copco, Autoliv, Ericsson, Raffia Tufbag, Saab, Sandvik, Scania, SKF, Swedish Match, Quant, Tetra Pak, Babcock Ntuthuko and Volvo (SWHAP 2012:59). Most of these companies are male dominated and are largely engineering companies. They are based in the Ekurhuleni Metropolitan, Gauteng, South Africa. SWHAP is a multinational programme; its head office is based in Sweden. SWHAP has changed its name, mandate and its website as of 2020.

Investing funds in ART programmes and supporting these programmes can assist ELWHIV to adhere with treatment at home and at work. This chapter introduces the study and present background of the study. It presents the rollout of ART in South Africa, the private sector workplace programmes on HIV/AIDS, examples of companies with developed workplace programmes, and a background of SWHAP.

It further presents the research problem, purpose of the study, objectives of the study and the research questions are outlined. Definitions of key concepts, a brief summary of the research process, structure of the study and conclusion of this chapter are also presented in this chapter.

1.2 Background of the study

This section will present the background of the study and briefly highlight rollout of the antiretroviral (ARV) programme in South Africa, which includes a brief history of ART programmes. It will portray a picture of private sector workplace programme and highlights the work of SABCOHA with private sector to combat HIV/AIDS in South Africa. Backgrounds of SWHAP and the role of Reality Wellness are all presented below.

1.2.1 Rollout of ART programmes in South Africa

It is highlighted by Berger & Heywood (2010) that the Treatment Action Campaign (TAC) was formed in 1998. Their initial demands included Prevention of Mother to Child Treatment (PMTCT) and for the government to reduce the prize of azidothymidine (AZT), an antiretroviral medication used to prevent and treat HIV/AIDS. During that time, it is reflected that there were political problems which led to AIDS denialism in 1999. TAC threatened litigation for several years in attempt to get free treatment. In November 26 2001, TAC case was argued in court and in July 5 2002, the court presented judgment in favour of TAC. In November 2003, the operational plan to get free treatment was adopted, and on 1 April 2004, the plan was implemented.

Furthermore, Simelela, Venter, Pillay and Barron (2015:5) indicate that the development of ART programmes started in April 2002 when the South African government established a joint health and treasury task team to propose options for expanding the human immunodeficiency virus (HIV) treatment response beyond prevention of mother to child transmission (PMTCT) and post-exposure prophylaxis (PrEP). Like Berger & Heywood (2010), Simelela et al also highlights that ART was initiated on 1 April 2004 in several service points across the country including in Johannesburg, Chris Hani Baragwanath, Helen Joseph, Coronation and Kalafong hospitals started to initiate ARTs. Implementation of the HIV/AIDS comprehensive care and treatment programme, including ART also commenced. The national antiretroviral guidelines indicate that the primary goal of ART is to decrease HIV-related death. People living with HIV (PLHIV) should

experience fewer HIV-related illnesses, CD4 count should rise and remain above the baseline count, and the viral load should become undetectable South Africa Department of Health (2004:3). It is indicated by the World Health Organisation (2015:24) that 58 countries had adopted the CD4 threshold of 500 cells/mm3 or less for initiating ART; South Africa is one of those countries that focus is put on. On the other hand, WHO (2016:74) support the previous author in its guidelines on the use of antiretroviral drugs for treating and preventing HIV infection recommend initiation of ART to be CD4 cell count at or below 500 cells/mm3, regardless of WHO clinical stage, giving priority to those with severe or advanced HIV disease or disease stage in all people with HIV. The table below reflect ART exposure in South Africa.

Table A: ART exposure, South Africa, 2017

Variable	**Estimated number of people on ART (n)**	**Proportion of people living with HIV on ART (%) 95% CI**
National	4,401,872	62.3 (59.2-65.2)
Female	2,998,170	65.5 (62.4-68.4)
Male	1,403,702	56.3 (51.0-61.5)

Source: HSRC (2017:24)

The above table indicates that in 2017, at the national level, an estimated 4,401,872 million people living with HIV were on ART; making it 62,3%. The table further indicates that the number of females living with HIV who are on ART is 2,998,170 which make 65.5% while the number of males living with HIV who are on ART is 1,403,702, making it 56,3%. The table shows that there are more females who are HIV positive and are on treatment than males.

1.2.2 The private sector workplace programmes on HIV/AIDS.

According to SABCOHA (2019) organisations such as South African Business Coalition on HIV/AIDS (SABCOHA) work with private sector to combat HIV. The

vision of SABCOHA is to mobilise and help businesses in South Africa to take effective action on Health and AIDS in the workplaces and beyond. Its aim is to co-ordinate a private sector response to health and more specifically on TB and AIDS epidemics. One of SABCOHA's key functions is to establish partnerships with government, business sector, development sector and international sector to scale up HIV/AIDS pandemic calls for coordinated and collaborative responses. SABCOHA (2019) facilitates the creation and sharing of best practice models for workplace HIV/AIDS initiatives in the private sector.

On an international level, the partnership between the SWHAP and SABCOHA validates the supply chain methodology. This coalition has launched its primary intervention in the small medium enterprise (SME) sector. The best practice models for workplace HIV/AIDS were established in Swedish companies operating in Gauteng. On the issue of treatment programmes, SABCOHA (2019) indicates that employers can prolong the health and productivity of employees living with HIV/AIDS by offering care, treatment and support services, either in the company or by partnering with health care providers in the private or public sector. SABCOHA has also done business sector initiative in South Africa and has initiated advanced programmes to tackle HIV/AIDS.

The Centers for Disease Control and Prevention (CDC 2015:15) established the business response to AIDS program, which is a public private partnership promoting the involvement of businesses, trade associations, philanthropic groups, and organisations in HIV/AIDS awareness, prevention, treatment, support and community philanthropy and volunteerism. The program provides tools and technical assistance for the development of comprehensive workplace-based HIV/AIDS programs and policies.

On the other hand, The International Labour Organisation (2015:10) adds that the purpose of private sector response to HIV/AIDS is to increase knowledge about HIV/AIDS in the workplace, increase uptake of HIV Counselling and Testing, reduce risky behaviours, reduce stigma and discrimination related to HIV/AIDS, gender integrated in HIV, reduced absenteeism, increased in up

taking of ART. The South African National AIDS Council (2017:18-29) supports other authors and echoed that Council for Medical Schemes (CMS) in South Africa collected data for 11 indicators for the period January to December 2016 and reported that the private sector data is disaggregated into 19 age bands reported at national level. SANAC (2017:18-19) further indicates that the private sector data reported that 260 057 employees are currently receiving ART.

On issues of workplace programmes, SWHAP (2016/17:6) encourages private sector to get involved because HIV/AIDS and other chronic diseases severely challenge the prospects for business and investments. The impact of HIV/AIDS increases costs and lowers productivity for companies as cost of sick workers, in terms of medical expenses, rises with productivity resulting from sick employees affect those companies. SWHAP (2016/17:6) estimates between 10–15% of global economic output. This is a low percentage; therefore, it is important for companies to strengthen ART programmes to support ELWHIV to adhere with treatment at home and at work.

SWHAP (2016/17:6) also adds that workers with health concerns are demotivated, disengaged and less productive at work. It also reflects that investing in employee wellness can help to reduce these costs and result in other benefits at the workplaces. Van Dyk (2012:464) echoes that there is probably no single workplace in South Africa that has not been affected by AIDS. The researcher presents some of companies that have fully developed wellness workplace with ART programmes and examples of such companies are Anglo American and Illovo. It is important for companies to have functional wellness workplaces to ensure that ELWHIV are supported to adhere with treatment at home and at work. On the progress made in terms of treatment cascade globally, UNAIDS (2019:6) mentions that improvement continue to be made against HIV especially in testing and treatment. Nearly four in five people living with HIV globally knew their sero-status in 2018. Almost two thirds of all people living with HIV in 2018 were receiving life-saving antiretroviral therapy and more than half

had suppressed viral loads. Therefore, the study explores ART support to ELWHIV to adhere with treatment at home and at work.

On the issue of Treatment as Prevention (TasP), CDC (2018:3) indicates that adherence to daily treatment by taking ARTs as prescribed is the best way to achieve and maintain an undetectable viral load. This report also indicates that nonadherence, such as missing multiple doses in a month, could increase a person's viral load and risk for transmitting HIV. CDC (2018:3) further reflects on intervention that if PLWHIV are experiencing relapse. Other prevention strategies could be to provide additional protection until the individual's viral load is confirmed to be undetectable.

South Africa Department of Health (2016:3) developed adherence guidelines on HIV, TB and Non communicable disease (NCDs) to prevent emerging issues of adherence to treatment. The aim of these guidelines is to work towards the achievement of South Africa's 2030 National Development Plan (NDP). It is therefore remaining relevant for the researcher to explore the problem faced by ELWHIV to adhere with treatment so that current programmes at SWHAP companies are exposed, improved and expanded to other companies. This study could possibly add value to the South Africa's 2030 NDP.

1.2.3 Example of companies with developed workplace programmes.

Some companies have wellness workplaces programmes that support employees by providing wellness services such as HIV testing and support them to receive treatment and care. Examples of such companies are Anglo American and Illovo. Below is the brief outline of how wellness workplace programmes support employees living with HIV in those companies.

Anglo American

Anglo American is a mining company that has the largest workplace programme. Anglo American (2012:28) states that testing is the entry point to comprehensive programme of prevention, care, support and treatment for HIV/AIDS. This report also states that all employees living with HIV were invited to enrol in the database

of the company. It reflects that in 2012, the company tested and counselled 95,244 employees, and by the end of the year 5,332 ELWHIV were on ART. Anglo American (2012:28) further states that a major challenge was to ensure that ELWHIV adhere with treatment, and extra emphasis is placed on providing support and counselling as well as ensuring diligent care at a primary care level. More details discussed in chapter 2 and integrating with the findings in chapter 4.

Illovo

Illovo is one of the private sector companies that have a functional wellness workplace programme to assist ELWHIV to adhere with treatment. Illovo (2015/16:11) highlights that its business strategy is aligned with that of UNAIDS referred to as the "Triple Zero" strategy with the aim of identifying and maintaining the negative status of most employees by routinely conductive voluntary counselling and testing at all of their sites. More details are discussed in chapter 2 and integrating with the findings in chapter 4.

1.2.4 Background of SWHAP and its collaboration with Reality Wellness.

The study is based on some of the companies that are partnering with SWHAP. According to SWHAP (2016/17:4) SWHAP provided technical and financial support to start 28 new workplace HIV and wellness workplace programmes during 2016. Some of the companies such as Volvo, Atlas Copco, Babcock, Phillip Morris, Scania, ABB and many more that have partnered with SWHAP and have agreement with the wellness service provider 'Reality Wellness' to provides counselling and psychosocial support to their employees. This service provider offers and implements ART programmes activities such and support ELWHIV to adhere with treatment at home and at work.

According to SWHAP (2015/16:23), it is a joint initiative by the International Council of Swedish Industry (NIR) and the Swedish Industrial and Metalworkers' Union (IF Metall). It is a long-term strategy to contribute to the establishment and/or support of health and wellness. SWHAP (2016/17:7) highlights that the SWHAP model provides catalytic support to companies for the development and implementation of proactive, comprehensively structured programmes that address the health needs of employees.

According to the statement by SWHAP Adviser, Jacob Graaff (2018) during the interview with the researcher on 20 June 2018, lack of support to ELWHIV to adhere with treatment at work and at home continues to be a problem in companies that are partnering with the SWHAP. These problem results in

relapse, low production and increased absenteeism by ELWHIV at workplaces. SWHAP (2014/15:6) indicates that employees spend a lot of time at work because working life and corporate cultures have a great deal of influence on their attitudes and behaviour.

This report also indicates that because employees spent more time at work, it makes the workplace an ideal location for addressing causes and implications of HIV/AIDS and other related ill-health. On the other hand, The International Labour Organisation (ILO) (2013:3) adds that the reason to address HIV/AIDS as a workplace issue is that majority of persons living with HIV are between the ages 15–49 and are usually located in the workplace. “SWHAP help companies to develop workplace wellness programmes and implement those programmes through service providers such as Reality Wellness” (interview with Graaff, 20 June 2018). According to SWHAP (2016/17), its model is the practical approach of engaging workplaces to develop and implement successful programmes within SWHAP. It is based on a partnership approach between management, employees and their trade unions, resulting in healthier people and more productive companies. Other work that SWHAP has done in South Africa was collaborating with the University of South Africa (UNISA) on gender mainstreaming and diversity management, SWHAP (2016/17:5).

Babcock Ntuthuko, a company based in South Africa, partnered with SWHAP in 2012 to set up a comprehensive workplace HIV, health and wellness management programme which is coordinated and implemented by a representative (across gender, race and departments) workplace steering committee. This report further indicates that SWHAP partnered directly with an additional 11 companies in 2014 bringing the total number to 127 companies (358 workplaces). Therefore, workplace response will reduce the negative impact of the epidemic on workers and the enterprise. ILO further highlights that the workplace is an excellent avenue for the provision of long-term prevention education and the promotion of behaviour change to reduce personal risk to infection.

SWHAP (2015/15:7) states that it provides technical support to develop or enhance programmes. It also provides financial support to companies on a sliding scale over a period of three years to reduce the risk felt by managers about perceived costs and enhances further investments by the companies. Other areas of support by SWHAP include platforms for companies and partners to share experiences and materials, strategies for creating partnerships not only between management, employees and unions but also with other non-governmental organisations and stakeholders to contribute to a healthier business chain.

According to Sheen (2019) “Reality Wellness has entered in agreement with some of the SWHAP companies to provide psychosocial and counselling support to ELWHIV to adhere with treatment at home and at work.” This is during an interview with one of the key informants. Furthermore, Reality Wellness (2019) highlights that it provides its clients with services across five main wellness dimension such as screening and testing, disease management, lifestyle coaching and education, psycho-social counselling, support and workforce wellness reporting. Reality Wellness has been in place since 2002. Reality Wellness (2019) further highlights that its aim is to help clients and their employees to tackle the rising HIV/AIDS morbidity crisis in South Africa. It helps ELWHIV to access information that they need to make informed decisions about HIV/AIDS by providing clients with a comprehensive choice of wellness interventions and activities such as drumming, industrial theatre and drunken goggles to name the few. Through counselling and psychosocial support, it also helps companies and their employees to take shared responsibility for their health and wellness.

1.3 The research problem

The South African Department of Labour (2012:29) provides a set of guidelines on how to implement and manage a comprehensive health and wellness workplace programme which also includes the workplace providing treatment, care and support which helps to ensure that ELWHIV remain healthy and

productive at work. It further highlights that care and support programmes can assist with adherence to ART and even boost workforce morale by showing that the employer is truly concerned about the health and well-being of its employees.

ILO (2013:13), in its findings and conclusion on the impact of employment and HIV adherence, states that experiencing stigma leads to not willing to disclose HIV status and this negatively impact on ART adherence in the workplace. PLWHIV who are not open about their HIV status are more likely to miss ART doses while trying to avoid being seen taking them by their peers or the employer. Furthermore, ILO (2013:34) states that employment is more likely to have impact on ART adherence whereby informal workplaces get affected by structural barriers for ART adherence and formal workplaces get affected by issues related to stigma and fears of discrimination. According to the study by Burman and Aphane (2019:1423), non-adherence to ART produces multiple challenges ranging from individual risk of developing HIV related infections, downward transmission of HIV and drug resistance. Therefore, lack of support to ELWHIV to adhere with treatment remains a problem. Ensuring that ELWHIV adhere to ARTs at home and at work can contribute to the vision of ending AIDS by 2030. Graaff (2018), during interview with the researcher, emphasised that lack of support by management to ART programmes in some of the companies that are partnering with SWHAP has led to little exposure particularly on the different types of support that ELWHIV should be receiving towards adherence to ARTs.

SWHAP (2017:36) supported other authors and indicated that lack of adherence with treatment by ELWHIV causes increased absenteeism and less productivity in these companies. South African Department of Health (2017:12) also adds that other social aspects of ELWHIV such as family life and social friends get affected as they often do not adhere due to lack of information and stigma. This study explores the support which is provided or should be provided to ELWHIV to adhere with treatment at home and at work. The study further looks at the problems that are caused by lack of support which lead to relapse or non-

adherence with treatment. It also finds possible gaps from the lack of support at these workplaces.

1.4 The purpose of the study

The purpose of this study is to explore how implementation of ART programmes supports ELWHIV to adhere with treatment at home and work, at selected companies that partnered with SWHAP, so that gaps, challenges and areas of improvement can be identified.

1.5 The objectives of the study.

- To explore the current status of the implementation of ART programmes at selected companies of SWHAP.
- To identify how these programmes provide support to ELWHIV to adhere with treatment at home and at work.
- To identify some key challenges and gaps during the implementation of these programmes to support ELWHIV to adhere with treatment.
- To draw lessons learnt, successes and make recommendations in the areas of improvements.

1.6 The research questions

There are four broad research questions for the study.

- What is the current status of implementing ART programmes at selected companies?
- How do these programmes support ELWHIV to adhere with ART at home and at work?
- What are the key challenges and gaps experienced while implementing ART programmes to support ELWHIV?
- What are the lessons learnt or benefit by ELWHIV during implementation of ART programmes?

1.7 Definitions of key terms, concepts and variables

Adherence to treatment: It is the extent to which a person's behaviour, taking medication, following a diet, and or executing lifestyle changes corresponds with agreed recommendations from a healthcare provider WHO (2003b:3).

Compliance to treatment: It is the degree to which a patient correctly follows medical advice to take medicines or drug.

Antiretroviral therapy (ART): ART is treatment of people infected with HIV using anti-HIV drugs.

ART workplace programmes: Is a range of company-based interventions including the development and implementation of an HIV/AIDS policy, voluntary counselling and testing (VCT), and provision of ART.

Employees living with HIV: are individuals who are employed and work full time or part time and are living with HIV.

Health and wellness workplace programmes: Are a series of benefits and activities that promote health and well-being in the area of work.

HIV/AIDS Workplace programmes: Is an intervention to address HIV/AIDS issues within the workplace in order prevention infections and provide care and support to employees.

Support to adhere: It the provision of assistance and guidance in preventing and resolving adherence problems. This includes motivational interview, problem solving and other counselling techniques DoH (2016).

Wellness programme service provider: it is an organisation that is partnering or hired by workplaces to provide advisory, counselling and support programme which provides life, health, performance and wellness management services to employees and their immediate household free of charge.

Workplace: any place that physical and/or mental labour occurs, whether paid or unpaid, WHO (2010).

1.8 Brief summary of the process of the research

This is a qualitative research study which employed explorative research design. The purpose of this study was to explore implementation of ART programmes support to ELWHIV to adhere with treatment at home and at work. The study followed the qualitative method of collecting data using telephonic interviews; which was the suitable method because of the sensitivity of the study. The study applied purposive sampling to select the participants who were the key informants and beneficiaries of the programme known as ELWHIV. Nine out of 16 participants, both key informants and ELWHIV, participated in the study. ELWHIV were selected through Wellnesses Reality and only a limited number of participants confirmed their availability to participate in the study. That was due to vulnerability of the study, fear of stigma and disclosure as most of them we no longer feeling comfortable. Interviews with ELWHIV were conducted by telephone with the support from Reality Wellness, accredited service provider which provides counselling and psycho-social support to companies partnering with SWHAP. The researcher took notes throughout the process of data collection. Data was analysed by using content analysis, thematic analysis and triangulation. The researcher followed the approved ethical procedures during the process of the study.

1.9 Structure of the study

Chapter 1 Introduction of the study.

This study has five chapters and the remaining four chapters. All chapters start with introduction and end with conclusion. The study is structured as follows:

Chapter 2 Literature review

This chapter presents literature which contributed to the findings of the study based on the research questions and objectives of the study relating to ART programme support to ELWHIV to adhere with treatment at home and at work. The discussions under literature review were based on an overview of HIV in South Africa, which presents HIV statistics, ART programmes in South Africa

which presents issues of HIV awareness aiming to provide information, and education on ART adherence, that is, issues of adherence, non-adherence and relapse. These highlight the importance of adhering to treatment at home and at work, issues relating to stigma and discrimination among ELWHIV, which are also presented, examples of two companies with fully flagged workplace programmes are linked with ART programmes and support evidence of the study. This chapter also presents two theories applied by the study.

Chapter 3 Research methodology and research design

This chapter present the research methodology as well as research design. This includes a brief summary of how the study look like. It also reflects how data was collected in the manner that was convenient to both ELWHIV and key informants.

Chapter 4 Findings of the study

This chapter presents findings of the study and the discussion with participants. It outlines demographic information of participants of the study and highlights the research questions. It reflects how participants answered questions directly. This chapter also reflects link the findings with literature review by citing some of the reference and making the linkage to the findings.

Chapter 5 Recommendation and conclusion

This is the last chapter. It presents brief summary of the main findings and conclusion of the study. It states the limitations of the study as well as recommendations of the study based on the findings.

1.10 Conclusion

Chapter 1 introduced the study and presented the structure of the study on how the study look like. It stated problem of the study, purpose and objectives of the study as well as the research questions.

The next chapter is chapter 2. It will present literature review and refer to sources that support this study.

CHAPTER 2: LITERATURE REVIEW

1.11 Introduction

Stewart & Zaaiman (2014:40) state that reviewing literature does not only reveal what others have done, but also highlights areas that may be under research or not yet resolved. That could lead to ideas about how to conduct the research. This chapter reviews literature that relates to the research topic to achieve its purpose of exploring the implementation of antiretroviral support to ELWHIV to adhere with treatment at home and at work. In this chapter, literature review is presented into subheading such as the brief history of HIV/AIDS in South Africa which highlights, an overview of HIV/AIDS in South Africa, and briefly explains HIV estimates in South Africa particularly the recent statistics of 2017 and 2018. It briefly presents ART programmes in South Africa with the aim of identifying gaps with regards to support that ELWHIV are receiving or should be receiving to adhere with treatment at home and at work. Two theories, social ecology theory and theory of empowerment are also introduced in this chapter.

UNAIDS (2018:6-8) indicates that number of AIDS-related deaths is the lowest in this century with fewer than 1 million people dying each year from AIDS-related illnesses. This is because of the sustained and universal access to antiretroviral therapy. This report further indicates that in 2016 the United Nations General Assembly agreed to embark on an ambitious journey to front-load investment, remove structural barriers and embark on a fast-track expansion of critical HIV services to reach majority of people living with HIV in need of treatment by 2020. UNAIDS (2018:6-8) further states that if this ambitious journey becomes successful, HIV infections and deaths from AIDS-related illness should decline by 75%, creating the momentum necessary to end the AIDS epidemic as a public health threat by 2030.

Impact of relapse or non-adherence by ELWHIV highlights the consequences such as increased absenteeism at work. Literature review also reflects issues of stigma and discrimination at the workplaces which is the contributing factor to

lack of disclosure by ELWHIV due to lack of trust to management. Although authors addressed different issues relating to ART programmes, little is mentioned about the type of support that should be provided to ELWHIV to adhere with treatment at home and work. These create a gap that needs to be explored and documented. Social ecology and empowerment theories motivated for qualitative inquiry in this context to explore the topic widely on of lack of support to ELWHIV to adhere with ARTs at work and at home.

1.12 Overview of HIV/AIDS in South Africa

UNAIDS (2019:25) indicated that the number of people living with HIV in South Africa was estimated at 7 700 000 in 2018. Among these people, 7 000 000 know their HIV status. Other authors, like Ngcaweni (2016:1), echoed that the AIDS pandemic continues to occupy centre stage in global health discourse due to its impact. While presenting the overview of HIV/AIDS in South Africa, (Human Science Research Council 2017: xxix) indicates the provincial HIV statistics and highlights that HIV prevalence among all ages in Northern Cape is the lowest, with a prevalence of 8,3%; KwaZulu Natal has the highest, with a prevalence of 18,1%; while Gauteng has 12,5%. This is the province where this study is taking place with the purpose of exploring how ART programmes does support employee living with HIV (ELWHIV) to adhere with treatment at home and at work.

During the 9th South African AIDS Conference Phaswana-Mafuya (2019) opened the conference and highlighted that focus of the conference was on the unprecedented scientific, social and digital innovations and technologies to expand possibilities and opportunities towards controlling the AIDS epidemic. The conference sought to determine how technologies could contribute towards sustained HIV prevention efforts, HIV testing, ART uptake and adherence, trigger the development of new drugs, effectively utilise enormous volumes of data and improve communication and service delivery and eventually end the epidemic.

Phaswana-Mafuya (2019) further highlighted that continuous innovation in HIV prevention, linkage to treatment and adherence that will withstand the test of the

4th industrial revolution. The 9th SA AIDS Conference was attended by many delegates from government, civil society, academia, private sector and the development sector alike. The researcher had the opportunity of attending the conference and this has assisted her to understand the importance of ART programmes to support ELWHIV to adhere with treatment at home and at work, particularly in the private sector. SABCOHA and ILO made presentations on the private sector contribution to combat HIV/AIDS in the companies.

1.12.1 Brief history of HIV/AIDS in South Africa.

According to Van Dyk (2012:4), AIDS was first reported in South Africa in 1983 when it was diagnosed in two homosexual men. The author highlighted that HIV spread rapidly in the 1990s. Young women and older men were particularly infected with a disproportionate number of people between the ages of 15 and 40 years. HIV/AIDS is seen as a public threat because to date there is no medicine that can cure it. The Human Science Research Council, HSRC (2018: xxix) indicates that in 2017 the overall national HIV prevalence estimate for people of all ages who were living in South Africa was 14%, which translates to an estimated 7,9 million of people living with HIV.

This estimate presents an increase of approximately 1,6 million more people living with HIV compared to the 2012 survey estimates. This report further highlights that the highest HIV prevalence of 26,4% occurred among people aged 25–49 years. In this population, HIV prevalence was significantly higher amongst females, with 33,3%, than males with 19,4%. The latest data from countries show that reductions in deaths due to AIDS-related illness are largely driven by the steady scale-up of antiretroviral therapy. Since 2010, AIDS-related mortality has declined by 34%. Reaching the 2020 milestone will require further declines of nearly 150 000 deaths per year UNAIDS (2018: 25).

1.12.2 HIV testing and prevention.

UNAIDS (2016:9-12) highlights that the continued HIV testing and treatment scale up must be accompanied by stronger primary prevention response. ART

programmes can contribute to HIV testing and supporting ELWHIV to adhere with treatment. It means that countries have shown that barriers to services can be removed and prevention programmes can be brought to scale up within a few years. South Africa built the world's largest condom programme in just a few years and doubled the number of condoms distributed per male, per year in at least seven out of nine provinces. UNAIDS (2016:9-12) further highlights that strengthened global political commitment to HIV prevention must be followed by strengthened financial commitment.

Available data shows that investments in HIV prevention has slightly increased overtime in several countries. DoH (2016:23) highlights that while it is important to increase the number of clients tested for HIV, it is also important to look at the national HIV testing services (HTS) programmes to focus on the outcome achieved through HIV tests. Those who are HIV-negative should be assisted in reducing their risky behaviour and those who are HIV-positive must be linked into the continuum of HIV care. Workplace activities such as awareness and education about treatment adherence and prevention of HIV can also contribute to increase rate of HIV prevention in South Africa.

1.12.3 HIV treatment

According to UNAIDS (2019:26), regarding HIV testing and treatment cascade, number of people living with HIV who are on treatment are estimated at 5 000 000 with a gap of 1 481 000 to treatment target. On the other hand, 4 000 000 people living with HIV are virally suppressed. Treatment and viral suppression targets could be enhanced through support to ART programmes to adhere with treatment at home and at work. DoH (2015:1) indicates that on 23 July 2014, the former Minister of Health, Dr. Aaron Motsoaledi announced that threshold for initiation of ART will rise to CD4 count ≤500 and this was implemented to start on January 2015.

Table B: Summary of the South Africa HIV estimates

Year	New HIV infections of all age	AIDS-related deaths	People living with HIV
2010	390 000	140 000	6 100 000
	[370 000–430 000]	[110000–170 000]	[5 500 000–6 600 000]
2015	300 000	75 000	7 200 000
	[270 000–330 000]	[58 000–96 000]	[6 600 000–7 700 000]
2018	240 000	71 000	7 700 000
	[210 000–270 000]	[52 000–91 000]	[7 100 000–8 300 000]

Source: UNAIDS, 2019:52

According to UNAIDS (2019:52), the table indicates, in the first column, the year which data was collected, the second column indicates number of new infections in all ages, the third column indicates number of AIDS related deaths and the fourth table indicates number of people living with HIV. Overall, UNAIDS (2019:52) highlights a decline of new HIV infections in all ages since 2010 from 390 000 to 300 000 in 2016 and lowest 240 000 in 2018. Number of AIDS related deaths declined from 140 000 in 2010 to 75 000 in 2016 and lowest 71 000 in 2018. However, number of people living with HIV has not been consistence with the lowest estimates of 6 100 000 in 2010, slight increase of 7 200 000 in 2016 to higher estimates of 7 700 000 in 2018. Following on the above table, UNAIDS (2019:52) highlights that although number of AIDS related deaths shows a decline, number of people living with HIV shows an increase. On the other hand, Human Science Research Council, (HSRC) (2018:1), in its Fifth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, (SABSSM V), indicates that PLHIV aged 15–64 years who know their HIV status are estimated at 70,6% and are on ART.

This report further shows that amongst PLHIV aged 15–64 years who are currently on ART, 87,5% are virally suppressed. There are 89,9 percent HIV-

positive females and 82,1% HIV-positive males who are on ART are virally suppressed. Statsa (2018:7) estimates that by 2018 13,1% of the total population were infected with HIV. UNAIDS (2019:51) indicates that 62%, which is approximately 4 788 000 of people living with HIV, are on treatment. The total number of persons living with HIV in South Africa increased from an estimated 4,25 million in 2002 to 7,52 million by 2018. SANAC (2018:41) highlights that the PEPFAR-South Africa Treatment Surge Plan aims to accelerate epidemic control in the country by increasing the number of people on ART and ensuring that about 6.1million people are on ART by December 2020.

1.12.4 Wellness Workplace programmes

According to ILO (2013:4), the single most effective and important action in a workplace response to HIV/AIDS is the development of a workplace policy on HIV/AIDS at a national or enterprise-level workplace. Policy is to

- signal an explicit commitment by a government or employer to workplace action regarding HIV.
- give guidance to workplaces, supervisors and managers to specifies a standard of behaviour for all employees.
- help PLHIV understand the support and care they would receive.
- enhance prevention programmes that helps to stop the spread of the virus; and
- help governments and employers to plan for HIV and manage its impact.

The South Africa Department of Health (DoH 2016:11) states that many workplaces offer HTS as part of routine and comprehensive workplace HIV programmes. These services are often extended to immediate family members or dependents of the employee. DoH (2016:23) further states that HTS services may also be introduced into workplaces on an ad hoc basis, for example, during an annual family day event. Workplace HTS may be provided on site through a workplace clinic or in coordination with a nearby HTS centre. HTS providers may visit the workplace and offer HTS services either in an office, a mobile clinic, or in

portable tents. Alternatively, a workplace may offer education about HTS and refer employees to a nearby HTS site to receive services. SWHAP (2015/16:7) highlights that establishing workplace programmes need to be flexible and consider the specific situations in different countries and the different workplaces. SWHAP developed a model that the workplaces for SWHAP companies follow while implementing workplace activities. Some companies which partnered with SWHAP use Reality Wellness as the service provider which provide both psychosocial support and HIV testing services on site.

The South African National AIDS Council (2015:29) supports other authors and adds that companies in some countries like South Africa started workplace programmes as early as the mid-1980s. Trade unions have also responded by supporting HIV awareness-raising, education activities, training peer educators and taking action against discrimination. SWHAP (2015/16) also supports other authors and indicates that wellness workplace programmes, including ART programmes, result in healthier employees which are more productive in the companies. This is because of the support ELWHIV are receiving or should be receiving to adhere with treatment at home and work.

1.13 ART programmes in South Africa

According to The World Health Organisation (2016:20-75), the effect of ART in suppressing viral replication may also suppress the immune response and antibody production. Once a person has started ART, low antibody retires. The Global ART coverage for all people living with HIV had reached 15 million people, which were approximately 41%, by March 2015. Since 2013, evidence and programmatic experience of early initiation of ART has shown to reduce mortality, morbidity and HIV transmission outcomes. Van Dyk (2012:110) adds that antiretroviral therapy is used mainly to treat and prevent HIV infections. On the other hand, HSRC (2017: xxxii) states that amongst all people living with HIV, 62,3% were receiving ART. That was determined by the presence of antiretroviral drugs in their blood at the time of the survey. This translates to an estimated 4,4 million people who were living with HIV and receiving ART in South Africa in

2017. SANAC (2015:29) adds that in the second half of the last decade, the country progressively exhibited serious commitment to reaching eligible PLWHIV with lifesaving ART. SANAC (2015:29) also highlighted that the South Africa Department of Health on antiretroviral programme data demonstrated an increase in the number of people taking treatment.

During the 2014 validation workshops the increase in the number of PLHIV on ART was recognised by stakeholders as one of the greatest accomplishments in the history of the national response to HIV. According to HSRC (2017:125), the estimated number of people on ART in Ekurhuleni is 26 975, approximately 52,5%. The study took place in this district where there are lots of companies and some of them have partnered with SWHAP to create conducive space for ELWHIV to adhere with treatment at home and at work.

1.13.1 National priorities on antiretroviral treatment

South Africa, Department of Health (2016:3) states that Standard Operating Procedures (SOPs) were developed with minimum package of interventions to support linkage with health care centre, adherence and retention in care, and to support implementation of the adherence guidelines for chronic diseases, including HIV. The aim is to trace patients and retain them in the care system, particularly those who missed their appointment and to integrate care of patients with chronic conditions.

DoH (2016:18) states that due to the limited resources and competing priorities within health system, priority should be providing ARV drugs to people living with HIV who are eligible and most in need to achieve the desired impact. Therefore, HIV interventions at primary healthcare settings should fall within the chronic disease management model which allows the coordination of interventions that occur at the level of clinical services, the community, and individual patient. UNAIDS (2016) support authors and emphasises that South Africa has the largest treatment programme in the world, accounting for 20% of people on antiretroviral treatment. Other educational awareness, as cited in International

Labour Organisation (2016:30), show that on-going HIV/AIDS education sessions provided to workers helped increase knowledge about HIV/AIDS amongst the workforce on how the virus is transmitted, how it can be prevented, and what to do to access care and support.

Therefore, it is important to explore ART programme support to ELWHIV to adhere at home and at work. The outcome of this study could contribute to the recommendation of the South African national priority of following UNAIDS strategy of reaching 90% of PLWHIV who will be virally suppressed due to support that they will be receiving at home and at work. HSRC (2017:93) adds that awareness of HIV status and of testing sites is pivotal in getting access prevention, care and treatment. It is also important to note the challenges that ELWHIV are facing to adhere with treatment at home and at work.

1.14 Lack of ART Adherence or relapse

The Human Science Research Council (2017:75) highlights that amongst males and females, more than a quarter of people had drug resistance mutations (DRMs), that is, 29,9% males and 25,8% females. The level of drug resistance was 9,7% amongst males and 6,3% amongst females. HSRC (2017:15) further highlights that younger people had higher levels of HIV drug resistance (HIVDR) than older people. On the other hand, WHO (2013:129) highlights that viral load is recommended as the preferred monitoring approach to diagnose and confirm treatment failure. However, if viral load is not routinely available, CD4 count and clinical monitoring can be used to diagnose treatment failure which is defined by a detectable viral load exceeding 1000copies/ml. Increasing support to ELWHIV particularly through ART programmes may lead to adherence with ARTs. “Even some managers themselves cannot cope with their HIV status; therefore, they will not be able to take care of their employees” (Graaff 2018). Following the researcher’s discussion with one the co-founder and Strategic Adviser of SWHAP, the researcher established that lack of support to ELWHIV is a problem to adhere with treatment at home and at work. WHO (2015:5) indicates that due to lack of support towards ART adherence at home, ART adherence clubs have

been piloted in Khayelitsha township in South Africa, and they have been shown to prevent over-use of facilities by shifting consultations and ART collection for stable patients to adherence clubs that are organised at the clinic or in the community by peer educators.

1.14.1 Challenges on ART adherence

ILO (2013:11) states that the number of people on treatment has increased at workplaces; adherence and compliance continue to pose significant challenges such as increased absenteeism at work due to ill health. Therefore, ELWHIV become unproductive at work and relapse due to not adhering to treatment. Antiretroviral therapy is seen to be a powerful tool for HIV prevention. In this case, if ELWHIV do not receive support to adhere with treatment at home and work, their HIV status will likely get weak and this can lead to relapse. It is therefore important to explore how wellness workplace programmes such as ART programmes are supporting ELWHIV to adhere with treatment at home and at work.

ILO (2013:11) further states that suppressing of viral load to undetectable levels prevents AIDS-related illness and transmission of HIV while large number of people living with HIV are diagnosed with advanced disease, often years after they acquire the virus. The effect of antiretroviral therapy is insufficient on its own as reflected by The United Nations Joint Programme on HIV/AIDS UNAIDS (2018:12). Monitoring of viral load is vital for achieving the best possible treatment adherence and outcomes and for acting as an indicator of potential antiretroviral treatment resistance. It is also a powerful HIV prevention tool knowing that one has reached an undetectable viral load and therefore cannot transmit HIV to anyone.

This effort can help motivate continued adherence to treatment UNAIDS (2018:72). On the other hand, DoH (2016:8) indicates that SOPs were developed to solve problems of most common barriers to adherence. It also indicates that health care workers and non-clinicians need to assist the patient to develop an

individualised adherence plan and set clear treatment milestones. This can also be achieved by encouraging companies to enhance workplace programmes to support ELWHIV to adhere with treatment at home and at work. ILO (2013:29) indicates in the study on adherence and retention in workplace versus public sector ART programme and cited (Dahab et al., 2011) investigating reasons for discontinuation of ART in workplaces and public-sector HIV programmes in South Africa. This investigation found that the main reasons for relapse in the workplace was about ELWHIV status, value of ART, poor patient-provider relationships and workplace discrimination against ELWHIV. ILO (2013:29) further indicated that the study stated that employees living with HIV were not only poorly convinced of the need for treatment, but also felt that follow-up visits required by the ART clinic created problems for them with their employers.

1.14.2 Step-up adherence in patients with non-adherence or treatment failure

The South Africa Department of Health (2014:47) presented ways for increasing adherence to all patients with 1000 copies/ml adherence at any visit and those with first VL>1000 copies/ml. The therapeutic counsellor and health professionals need to provide more education and information to the patient, caregiver and their and partners about the importance of adherence and its long-term benefits. They should further evaluate the support structures that are in place; whether they are appropriate; how they can be improved and explore other options; encourage patient to consider the use of pillboxes or a daily dosing diary; encourage the patient to participate in a support group or create a link with a patient advocate doing psychological profile; assess for mental health issues or substance abuse; and investigate the family situation through a social worker and actively address food security. There should be increased home visits by therapeutic counsellors/patient advocates to daily or weekly at a minimum, and lastly spot pill counts should be done at home. The South African National AIDS Council (2016:26) reported that by the year 2015 no district in South Africa had achieved the 90-90-90 target of viral suppression, only 26% of PLHIV were virally

suppressed. The leakages in treatment cascades, loss to follow-up, as well as poor adherence contributed to the low viral load suppression.

By the year 2018 SANAC (20018:18) reflects that retention rates were much lower as in every three people who were on ART, one could not follow with treatment after 12 months. SANAC (2018:18) also state that the national response must continue to explore practical ways to increase retention to treatment with the following suggestions: the use of adherence clubs, community healthcare workers (CHWs) follow-up programme linkage and patient identifier, public mobilisation against stigma, workplace policy and support, healthcare workers motivation and attitude.

1.15 Impact of relapse or non-adherence by ELWHIV

According to World Health Organisation (2017:21), prevention of HIVDR due to non-adherence is a critical issue of any national AIDS programme. It is achieved through increasing ART service delivery and the removal of programmatic gaps along with the implementation of HIV testing, treatment and care services. The implementation of WHO “treat all” and PrEP recommendations provides an opportunity for ART programmes to deliver ARVs in ways that decrease treatment noncompliance and maximise adherence.

The lack of support to ELWHIV to adhere with treatment at workplaces and at home is a problem because it leads to relapse and death. According to The South Africa Department of Labour (2012:2), HIV/AIDS and TB have a serious impact on South African workplaces and the economy because the epidemic primarily affects the working age adults. SWHAP (2015/16:6) indicates that working life and corporate culture have a great influence on employee’s attitudes and behaviours. Van Dyk (2012:464-465) also mentions that the epidemic has negative effects on the workplaces because of the high number of sick employees who must take sick leave, die, have more absents at work as well as experiencing many more health issues. When ELWHIV are not supported to adhere with treatment at home and work, they can experience treatment failure which cause relapse and they may sometimes die.

Furthermore, when they relapse, they fall sick and either loses their jobs or become unemployed, which is more likely the cause poverty in families. Employers will also suffer the loss of company's productivity and cost of replacement is high as there is a need to go through process of recruitment, which is expensive. Therefore, the researcher would like to explore how ART programmes supports ELWHIV to adhere with treatment at home and work so that challenges, gaps and successes are exposed.

1.16 Stigma, discrimination and adherence at workplaces

The United Nations Joint Programme on HIV/AIDS (2018:7) indicates that stigma and discrimination have negative consequences. This behaviour is from the very people who are meant to be protecting, supporting and healing people living with HIV, often discriminating against them. ELWHIV are people who should be taken care of, but they get denied access to critical HIV services resulting in more HIV infections and more deaths.

UNAIDS (2018:17) further indicates that collecting accurate data on HIV/AIDS is problematic for technical reasons, relating to the capacity for data collection because people living with HIV fear being exposed to stigma and discrimination. This leads to less data because they fear going to health facilities to collect treatment. ILO (2016:82-90) added that an open support to ELWHIV against stigma and discrimination by management was effective in creating an environment to facilitate their reduction. Addressing HIV and other conditions helps to increase and neutralise the focus on HIV/ AIDS to reduce levels of stigma and discrimination and ensure the continued motivation in accessing services. According to ILO (2015:81), only 14% of the workplaces surveyed in its study were able to show that their programmes had reduced HIV-related discrimination. These are workplace programmes which support ELWHIV to adhere with treatment. If these programmes are not fully supported the impact stigma and discrimination can lead to relapse or death. ILO (2015:81) further highlighted that ELWHIV who are not open about their HIV status are likely to miss ART doses while trying to avoid being seen taking ART by their peers,

colleagues or the employer. In addition, ILO (2013:25) in its study findings on stigma and discrimination states that all key informants interviewed agreed that experiencing HIV stigma will lead to non-disclosure of ELWHIV as their own HIV status will negatively impact on ART adherence in the workplace.

However, South African Department of Labour (2012:11) argues that in order to eliminate unfair-discrimination and promote equality and fair treatment in the workplace, the technical assistant guidelines (TAG) on HIV/AIDS in the world of work have been developed to provides practical guidelines to address issues of counselling, informed consent, HIV testing, confidentiality, disclosure, acceptance, employee benefits, grievance procedures and termination of employment. The Swedish Workplace HIV/AIDS Programme (2016/17:8) supports the previous author and emphasises that SWHAP broad approach for encouraging management to deal with HIV has shown to reduce stigma and encouraging trust led to more effective workplace programmes.

The researcher adds that stigma and discrimination at workplaces and at home does not give ELWHIV hope to live, therefore adherence to treatment becomes difficult. The study's objectives are to explore the current status of the implementation of ART programmes at selected companies of SWHAP and to identify how these programmes provide support to ELWHIV to adhere with treatment at home and at work. Furthermore, The Global Network of People Living with HIV, GNP+ (2018:26) highlighted in its findings drawn from 13 national settings of PLHIV Stigma Index that HIV-related stigma and discrimination remains a barrier to people living with HIV and prevents them from accessing full and productive employment and decent work. This study has employed the theory of empowerment to explore how ELWHIV are supported or should be supported to adhere with treatment at home and at work. The theory of social ecology is also employed to explore the space and environment which is faced by ELWHIV to adhere with treatment at work particularly at the companies that partnered with SWHAP.

1.17 SWHAP support to wellness workplace programmes

According to (SWHAP 2018), SWHAP acknowledges that knowledge is power and employees who know their HIV status and general health risk profiles are empowered to make the right decisions to protect themselves and their families. SWHAP (2016/17:4-19) highlighted that in 2016 the important role of the union as SWHAP partner was to reach more workplaces and increase employee engagement in wellness programmes. SWHAP in South Africa supported union mentorship programmes with the National Union of Metalworkers of South Africa (NUMSA).

This mentorship led to the developed wellness management programmes in the companies where ELWHIV could be supported to adhere with treatment at home and at work. ILO (2015:27) supported workplace programme and echoed that management should integrate HIV/AIDS programmes their company's mechanisms, frameworks, such as policies, procedures and practices to increase awareness and knowledge. It also had positive implications for sustainability and reducing stigma.

1.17.1 SWHAP workplace programmes interventions

DoH (2016:15-16) highlighted in its integrated adherence guidelines that the role of the health sector is to ensure support to ELWHIV from one stage to the next. It further highlights that screening interventions are made to help and identify illnesses early. This can help initiate treatment and can also be done by supporting this intervention through workplace programmes. On the other hand SWHAP (2016/17:8) supported this author and indicated that SWHAP provided several interventions such as raising awareness such as encouraging employees to do HIV test on World AIDS Day, conducting screening for other chronic illnesses to employees, encouraging unions to advocate for their members to participate in wellness initiatives, provide comprehensive HIV education sessions by educating employees about HIV/AIDS, issues of prevention and treatment.

According to SWHAP (2016/17:8), SWHAP supports workplaces and provides multi-disease testing programmes that include HIV, providing workplace HIV and wellness policies which protect the rights of employees. SWHAP helps companies to also provide access to treatment and enhance adherence helping workers achieve viral suppression. This was done by having clinics in some companies. The picture below is reflecting the HIV awareness activity that was done by employees during the 2018 World AIDS Day and reflected AIDS ribbon.

Poster 1: Atlas Copco, one of the SWHAP companies during South Africa World AIDS Day, 2018

Source: SWHAP 2018

1.17.2 SWHAP wellness workplace programme challenges

The above poster reflects HIV awareness activity during the commemoration of World AIDS Day 2018. The picture showcases AIDS ribbon demonstrated by staff holding red umbrellas. SWHAP (2016/17) reports that employees are facing barriers to testing. Stigma and discrimination in the workplace continue to persist. ELWHIV also fear to lose their jobs and do not disclose their status.

1.18 Reality Wellness support to wellness workplace programmes

According to WHO (2016:255) adherence to ART is the primary determinant of viral suppression and the risk of transmission, disease progression and death. For PLWHIV to achieve viral suppression, psychosocial support should be enhanced and maybe they could adhere with treatment. It is indicated by WHO (2015:48), in its study findings for increasing access to VCT services, that employees were encouraged to test because they knew that if they tested positive, they would receive a continuum of treatment, care and psychosocial support. This allayed fears of knowing their HIV status and contributed to improved VCT uptake. Access to VCT was also facilitated by including family members and spouses in counselling and testing.

1.18.1 Reality Wellness workplace programme interventions

Reality Wellness provides psychosocial supports and does HIV and chronic illnesses tests to employees of SWHAP companies to adhere with treatment at home and at work. Reality Wellness (2019) highlighted that Reality Wellness provides comprehensive choice of wellness interventions and activities from which they can shape their own roadmap to wellness. “We address the whole employee”. It provides support to employees by rendering wellness services; provide workforce wellness reporting and keeps confidential reports and HIV statistics of ELWHIV for SWHAP companies. Reality Wellness further provides ongoing wellness monitoring and reporting. Tracks all the testing, interventions and education programmes are implemented in those companies. It provides regular, meaningful feedback, identifying wellness gaps and improvements, compare reports of ELWHIV as well as supported and reinforced initiatives through variety of communication materials. (ILO 2016:50) similarly, to Reality Wellness, supports the initiative of linking PLHIV with treatment and highlight that workplaces without onsite clinics should establish linkages with VCT testing facilities and use a referral approach to ensure that employees who wish to test have access to testing services.

1.18.2 Reality wellness workplace challenges

According to Sheen (2019), Reality Wellness is facing some challenges to trace ELWHIV. This kind of behaviour poses problems because ELWHIV may skip their treatment intake and not go the clinic. Sheen (2019) further mentioned that not offering ART to ELWHIV by the service provider remains a challenge. It is highlighted by WHO (2016:15) that ELWHIV challenges of not adhering to treatment may include forgetting doses, being away from home during time to take treatment, changes in daily routine, depression, alcohol use and other illnesses. Adherence to ART may also be challenging in the absence of supportive environments for ELWHIV and accommodating them not to stigmatise and discriminate them.

1.19 Example of companies with functional workplace programmes in South Africa

Companies, other than SWHAP companies, that have fully functional workplace such as Anglo American and Illovo assisted their employees to adhere with ARTs. Anglo American (2015) indicated that Anglo American HIV/AIDS policy is based upon a human rights foundation which is believed to be fundamental to an effective HIV/AIDS response and supports the key responses to the epidemic, namely; elimination of stigma and discrimination on the basis of perceived HIV status; prevention of new infections; care, support and treatment for employees and their dependents who are infected and affected by HIV/AIDS.

Anglo American supports ELWHIV by ensuring that an employee who is HIV positive has the right to confidentiality and privacy like any employee who is experiencing any other medical or psychosocial related incident. Similarly, to companies partnering with SWHAP, Anglo American believes that counselling and testing for HIV is a critical intervention that helps to link care and support for those with HIV infection to broader prevention programmes aimed at turning the tide of the HIV/AIDS epidemic. No employee is forced or coerced to undergo HIV testing. Anglo American supports the principle of provider-initiated HIV testing as an important way to scale up testing in countries with a high burden of HIV

disease. On the other hand, Illovo (2014/15:10-11) indicates on its employee health and welfare Illovo provides a working environment in which employees can operate in a healthy, energised and engaged manner.

It provides a workplace free from undue health risk and ensures that its employees and their dependents have access to health care through the network of group-run primary health care clinics and hospitals, and through the provision of medical aid insurance schemes. The total spend on employee health in 2014/15 amounted to R90,1 million. Illovo support its employees and has 25 primary health care clinics and four hospitals, staffed with nine full-time and 10 part-time doctors, together with other clinical and auxiliary staff. The focus of the health care service is on health promotion, preventative services and primary health care. Integrations with findings are discussed in chapter 4.

1.20 Theories applied by the study

The study applied theory of social ecology and theory of empowerment. Application of this theory is integrated with findings and discussed separately in chapter 4.

1.20.1 Theory of Social ecology

The study applied theory of social ecology. According to Kilanowski (2017:4) the socio-ecology model (SEM) was first introduced as a conceptual model for understanding human development by Urie Bronfenbrenner in the1970s and later formalised it as a theory in the 1980s. The initial theory by Bronfenbrenner was illustrated by nesting circles that place the individual in the centre, surrounded by various systems. Other authors, such as Paquette and Ryan (2001:1), applied this theory and looked at a child's development within the context of the system of relationships that form his or her environment.

The study applied ecology theory in the context of support to ELWHIV within workplaces spaces. The central tenet of social ecology theory is that workplace has become enabling environment for employees to socialise with their peers. Workplace and home are a social ecology of support to adhere with treatment.

The two environments also provide connection with ELWHIV in various ways such as culture and religion. At home, families provide support to adherence with medication and social issues; while at work, Reality Wellness provides counselling and psychosocial support. Social ecology theory is relevant to the study because it shows that workplaces can use ART programmes to support ELWHIV to adhere with treatment, both home and work, since they spend more time in these two environments.

The workplace then becomes part of an overall adherence strategy with other social ecologies like communities, families or households and social institutions like government. The government ensures that health facilities test and treat people while families and that communities support PLWHIV to adhere with treatment by welcoming them in the society. Families support PLWHIV by caring for them and assisting them to adhere with treatment. Langer and Lietz (2015:28-30) highlighted that rather than considering the problems PLHIV face by themselves, the two authors explain difficulties by looking at interaction within the environment.

On the other hand, the environment can also be challenging for ELWHIV to adhere with treatment because environments like home can be influenced by different circumstances such as structural barriers that prevent ELWHIV to adhere with treatment. Therefore, SEM looks at how people affect others and get affected by the physical, social and cultural contexts of their lives. Ecological theory also suggests that humans are organisms that participate within their environments; it means that employers can create good space for ELWHIV to adhere with treatment at work. Other authors such as Van Hoorn *et al* (2011:278-279) indicate that there are contracts in social ecologies. At workplaces, employees are guided by rules, rights and regulations. Therefore, at work, ELWHIV are entitled to healthy working environment which enhances support to ART programmes to adhere with ARTs at home or at work. This theory helps answer research questions on the current situation of ART programmes. SWHAP companies used the service provider, Reality Wellness to enhanced good

working environment and support ELWHIV to adhere with treatment. Support from Reality Wellness is extended to ELWHIV families. Those who leave openly with their status at work are enjoying the benefit of full support from the service provider, managers and human resource.

According to Glanz, (2005:18) the principles of SEM are stable with social cognitive theory concepts which suggest that creating an environment conducive to change behaviour is important to making it easier for ELWHIV to adopt healthy behaviours and benefit from the psychosocial support. This theory informed the study by showing the workplace as an environment where ELWHIV benefit from the support through Wellness Reality. Application and its integration within the findings are discussed in chapter 4.

1.20.2 Theory of Empowerment

Rappaport and Kluwer (2000:43) describe empowerment as both a value orientation for working in the community and a theoretical model for understanding the process and the results of efforts to expert control and influence over decisions that affect other people's life, how organisations are functioning and the quality of the life of the community. These authors further mention that empowerment theory provides principles and a framework for organising people's knowledge like to know how and when to adhere to ART. Zimmerman (2001:44) cites Gallant, Cohen, & Wolff (1985) that empowerment suggests approaches for developing interventions and creating social change. This theory put attention on health, adaptation, competence and natural helping systems. It includes the vision that many social problems exist due to unequal distribution of access to resources. In this study, access to resources implies access to HIV treatment and support to ELWHIV.

The central tenet of this theory is to empower employees with information and support them to adhere with treatment at home and at work. Different role-players are management, peer helpers and educators who should be able to empower ELWHIV with information, support and other programmes. This theory

is relevant to the study because it helps the researcher explore how ART programmes are used to empower ELWHIV to adhere with treatment at home and at work. Langer and Lietz (2015:168-169) indicate that empowerment models of change are embraced as critical, radical, feminist and often structural. The study looked at how ELWHIV are empowered with education and information to take responsibility to adhere with treatment at home and at work, particularly with the support from Reality Wellness. Fitzpatrick and McCarthy (2014:304-305) add that empowerment from a psychological point of view is seen as how people view their work and the role they play in their companies, as cited by Spreitzer (1995).

Langer and Lietz further cite Kanter (1977:1993), indicating that model of organisational empowerment; structural concepts within the work environment has a larger impact on an employee's attitude and behaviours towards their work rather than their personalities and social experiences. Fitzpatrick and McCarthy (2014:304-305) also describes four organisational empowerment structures such as: access to information; support; resources which are needed in order to do the job; and opportunities to learn and grow. Therefore, the study looked at psychological and emotional support provided by Reality Wellness to ELWHIV.

According to DoH (2014:44) imparting knowledge improving understanding of ELWHIV who have limited knowledge and understanding about why they must take ART, how it works and how it benefits their health. DoH (2014:44) further indicates that focus should be on service providers such as health facilities sharing their decision making with ELWHIV, employers and their families or caregivers, if possible, advising them on how to cope with medication costs, provide prescription instructions clearly, and reinforce all discussions often and providing pre-treatment information and education as per visit schedule. Van Dyk (2012:149) adds that empowerment is a central tenet of community organisation practice or workplaces, which refers to the process by which employees and communities are enabled to take power and act effectively in transforming their lives and environments. Van Dyk further refers to empowerments as the ability of

people to gain a critical understanding of the social, cultural, economic and political forces that structure their reality. Application and its integration within the findings are discussed in chapter 4.

1.21 Conclusion

This chapter presented literature for the study and its references regarding the topic. It introduced SWHAP and Wellness Reality. Theories of this study were introduced, and its application is in chapter 4. This chapter will be linked with chapter 4 of the findings of the study.

The next chapter present methodology of the study and describe the best method of collecting data. The chapter further presents component of the research design and ethical consideration. More details discussed in chapter 3.

CHAPTER 3: RESEARCH METHODOLOGY

1.22 Introduction

This study employed a qualitative methodology. According to Babbie (2010: 230), qualitative method is a natural method which can attempt to study things in their originality or as they are. Stewart & Zaaiman (2014:47) support Babbie and states that qualitative research is original because it focuses on real world settings. Ragin & Amoroso (2011:113) indicate that qualitative research is relevant for several central goals of social research including sharing ideas and developing and advancing theories. Other authors, like Hossea & Rwegoshora (2014:127-128), also add that qualitative research methods are used to understand social issues from the society's views, to understand issues in their social, cultural, political and economic context with a view of transforming social conditions.

Therefore, qualitative methodology is the appropriate choice of this study because it allowed the researcher to interact with participants in the environment that was convenient to them. The researcher was able to ask participants questions and interrogated them to gain a deeper insight and understanding about the support they are provided as well as they should be provided to assist them to adhere with ART at home and at work. Hossea & Rwegoshora (2014:127-129) further add that qualitative methodology provides greater depth of feedback because it is cost effective and flexible which means that the research design can be modified while the study is in progress.

1.23 Research design

Stewart & Zaaiman (2014:40) highlight that research design is seen as a plan of how the study will be conducted. This study applied exploratory research design to explore the support that ELWHIV are receiving or should be receiving to adhere with treatment at home and at work. According to Hossea & Rwegoshora (2014:127-129), explorative design is formed by a strong desire to discover the unknown with the purpose of exploring research and to develop a problem for

more investigation or developing working hypotheses from an operational point of view.

Babbie (2013:91) indicates that exploratory studies are done for the purpose of fulfilling the researcher's curiosity, hoped for better understanding and to test the feasibility of undertaking a study. It is important to undertake this study to explore gaps and challenges faced by ELWHIV to adhere with treatment at home and at work. The study was based on some of the companies that partnered with SWHAP based in Gauteng province, Ekurhuleni district. The target group for this study were ELWHIV and key informants age between 18–60 years with a population size of nine participants.

The population size was previously expected to be 16 but due to the vulnerability of the ELWHIV, some withdrawals were made. Participants were recruited through purposive sampling. Reality Wellness identified ELWHIV from some of the SWHAP companies. Data was mainly collected using telephone interviews with ELWHIV and face-to-face interviews with key informants. Field notes were taken throughout the process of data collection and voice recording was also used during the interviews. Three methods of data analyses were done. Data was analysed by thematic, content and triangulation form of analysis. More discussions will follow in the chapter.

1.24 Pretest or pilot study

Pre-testing this study helped the researcher better understand the study. The researcher piloted the study by scheduling appointments with some of the key informants. Informed consent was also shared and explained to the key informants. The first key informant was the SWHAP Adviser who contributed in developing the SWHAP model. However, the researcher interviewed other two key informants to get to learn the background of SWHAP, its partnering companies and its collaboration with Reality Wellness. Interviews with these key informants helped the researcher validate interview guides on appropriateness and applicability of research questions as well as time management. Findings from the piloting the study were also used to enhance the research questions.

1.25 Negotiating access

The researcher submitted the approved ethical clearance as well as the request letter of permission to conduct study to Reality Wellness to facilitate interviews with ELWHIV. The researcher then followed up with telephone calls to ensure that Reality Wellness has received the request and coordinating the process of reaching ELWHIV. Reality Wellness granted permission for the researcher to interview ELWHIV using telephone method of collecting data.

Access was granted that the researcher should conduct the telephone interview from the office of Reality Wellness where the employee support counsellors were situated in order to provide counselling and psychosocial support should the need arise. Reality Wellness used an initial informed consent to get permission from the participants for them to introduce them to the researcher. Reality Wellness also facilitated telephone calls to make sure that everything went smooth during the interviews. The employee program wellness (EPW) counsellor was on standby for any psychosocial support.

1.26 Data sources

All participants provided useful information during interviews. The primary data sources for the study were employees living with HIV also known as beneficiaries of the ART programmes. Beneficiaries of the programme were participating in the current existing wellness workplace programme and are the ones benefiting from the wellness workplace programme, particularly the ART programme. All participants were relevant as they have first-hand information about ART programmes as well as the implementers of this programme. They all participated in the wellness workplace programmes on various capacities. Lastly, data was collected from previous SWHAP and Reality Wellness reports, not for statistical purposes, but to validate the research findings. Demographic information about participants will be presented in chapter 4.

1.27 Data collection techniques

Data was collected mainly by conducting interviews with all the participants, both ELWHIV and key informants. Sekaran & Bougie mention that an interview has a lead person and it is an important interaction between two or more people. Other authors such as Tedlie and Tashakkori (2009:229) also describe an interview as a research strategy that involves one participant, called the interviewer, who ask questions to another person, called the interviewee, to provide the answer.

The researcher collected data by conducting face-to-face interviews with four key informants to get deeper a understanding of the ART programmes at workplaces of the companies partnering with SWHAP and to explore how these programmes support ELWHIV to adhere with treatment at home and work. The reason for interviewing four key informants before ELWHIV was to get more information around the topic. The researcher then conducted telephone interviews with ELWHIV, referred by an existing wellness programme service provider, Reality Wellness. The fifth key informant was interviewed last because of her national experience on ART programmes. Interviewing her last assisted the researcher to understand the national ART perspectives and to consolidate data collection. During the interviews, the researcher was taking field notes. Interviews with participants was conducted as follows:

1.27.1 Face-to-face interview with key informants.

The purpose of collecting data through interviews was to expand the understanding of the research about support that ART programmes provided to ELWHIV at SWHAP companies collaborating with Reality Wellness. Before the study commenced, the researcher scheduled appointments by sending emails to the key informants. The purpose of the emails was to introduce the researcher and to request for appointments to conduct interviews with them.

The researcher then followed up by phoning these key informants. Appointments were confirmed on different dates at convenient venues of participants' choice. The researcher conducted programme questions during the interviews with key

informants. The questions were based on the programme itself and how it supported ELWHIV to adhere with treatment at homeland at work. This kind of questions allowed the researcher to go deeper to get a sense of how ART programmes supported ELWHIV to adhere with treatment at home and at work.

1.27.1.1 Interview with SWHAP key informants.

Before the interview started, the researcher introduced herself, explained the consent form and the purpose of the study, and asked the key informants to sign the copy. The researcher interviewed two key informants from SWHAP. The interviews took place separately. The researcher asked questions in order to help her understand the role of SWHAP during the implementation of ART programmes in SWHAP companies.

1.27.1.2 Interview with Reality Wellness key informants.

Before the interview started, the researcher introduced herself, explained the consent form and the purpose of the study, she asked the key informants to sign the copy. The researcher interviewed two key informants from Reality Wellness separately. The purpose of interviewing these key informants was due to their direct involvement with ELWHIV; to understand how Reality Wellness supports ELWHIV to adhere with treatment at home and at work. The researcher also wanted Reality Wellness to share challenges that they are facing to support ELWHIV daily.

1.27.1.3 Interview with National Department of Health key informant.

Before the interview commence, the researcher explained the consent form and asked the key informant to sign. This key informant was interviewed because of her role as national ART implementer. Her experience on the successful ART programmes in South Africa as well as her expertise on the involvement of private sector ART programme initiatives contributed to the study.

1.27.2 Telephone interview with employees living with HIV.

The study had hoped to conduct face-to-face interview ELWHIV but due to vulnerability of the topic and issues of stigma and discrimination, interviews were conducted over the phone. Reality Wellness identified ELWHIV and after assessment with them, it advised that the telephone interview was the best method of collecting data.

1.27.2.1 Why using telephone interviews with ELWHIV?

The study employed qualitative method of collecting data through telephone interviews to prevent further stigma and discrimination and to avoid bridging of confidentiality and protection of ELWHIV. Telephone interviews were conducted in the office of the Reality Wellness where it was convenient and private, as well as safe for telephone conversations. Sekaran & Bougie (2016:119-120) interviews can be conducted either on face-to-face basis or over the telephone. An advantage of telephone interviews is that participants can be reached anywhere in the world at any given time without delay. Telephone interviews prevent interviewees from being uncomfortable as some participants may feel not comfortable when facing the interviewer. Novick (2008:391-398) adds that telephone interviews are mostly ignored in the qualitative research literature and when discussed, are often taken as less attractive than face-to-face interviewing.

However, telephones may allow respondents to feel relaxed and able to disclose sensitive information as much as possible within the short space of time. Therefore, evidence is lacking that telephone interviews produces lower quality data. Rahman (2015:11) cites Musselwhite et al., (2007) adds that telephone interviews may reduce response bias as compared to the face-to-face interviews. This is because when the interviewer is talking over the phone, he/she is not physically in the room to influence the answers and make the person feel uncomfortable if the questions are very sensitive like those of this study.

Rahman (2015:11) further highlights that the anonymity of the telephone interview reduces the interviewer from taking sides during the interview by

making the interview more calming and relaxing which leads to more accurate and truthful data collection. Rahman (2015:15) also highlights that all the articles visited on the validity of the in-person interview versus the telephone interview qualify both face-to-face and telephone methods of gathering data as equally effective for human qualitative research studies. A semi-structured interview questions and an interview guide were used as reference to the researcher. Probing questions were asked to facilitate the interviews with beneficiaries – see Appendix B for Interview Guide.

1.27.3 Field notes

Phillipi and Lauderdale (2017) argue that field notes are widely acceptable in qualitative research as a means of writing the required contextual information. The researcher took field notes during the process of collecting data. These field notes helped the researcher to recall the important facts that were discussed during the interviews like challenges faced by ELWHIV to adhere with treatment at home and at work. Field notes helped the researcher during analysis and coding during data analysis phase.

1.28 Sampling techniques

The study used purposive sampling to identify participants of the study. Babbie (2010:128) describes purposive sampling as a type of nonprobability sampling in which participants to be studied are selected based on the researcher's judgment of their knowledge and experience of the subject. Key informants were selected based on their expertise and involvement with the current ART workplace programmes in and around Gauteng. In order to meet with key informants for the first time, the researcher scheduled appointments with them and introduced her and the study. The service provider, Reality Wellness recruited (ELWHIV) participating in existing ART programmes in the SWHAP companies.

1.29 Sample size

Approximately nine participants participated in the study. The study had hoped to interview 16 participants; eight employees living with HIV, and eight key

informants. Some participants withdrew during the process of data collection. Two participants withdrew while Reality Wellness was connecting them on the telephone during the interview. Out of these two participants one withdrew during the introduction of the interview while the other participant indicated his unavailability on the day of the interview. Other participants informed Reality Wellness counsellor that they were scared to be interviewed because of fearing stigma by their fellow employees, although interviews took place in the form of telephone call. Below are participants of the study:

1 Wellness managers/Director (Reality Wellness)

- 1 EPW counsellor (Reality Wellness)
- 1 Adviser (SWHAP)

1 Regional Coordinator (SWHAP)

1 National ART focal point (National Department of Health)

4 ELWHIV (different companies)

1.30 Data analysis

This study used qualitative data analysis. (Babbie 2013:390) states that qualitative analysis is the method that examines social research data as words or concepts, not as numbers. Data was analysed largely through qualitative method; only a small quantitative method was done by reviewing existing reports to use statistics on uptake and utilisation as background context. Therefore, no statistical analysis was made. Data was analysed through thematic analysis, content analysis and triangulation.

1.30.1 Thematic analysis

Thematic analysis is a qualitative method for finding collection of themes at some level of similar response or meaning Braun & Clarke (2006:82). The authors further indicate that recent guidelines for thematic analysis put together suggestions by the type of data collection. Thematic analysis was applied to the study, and the researcher interpreted raw data from interview transcripts, field

notes and tape recorder. The researcher identified patterns and similarities to develop themes. Initial coding was done based on the research objectives and questions, while further coding went deeper into meaning and understandings as well as identifying emerging themes. The researcher then used the summarised interpreted data to answer research questions and to explore the challenges during the implementation of ART programmes to ELWHIV toward adhering with ART at home and at work.

1.30.2 Content analysis

According to Krippendorf (2019:24), content analysis is a research technique for making duplicate and valid conclusion from text or other meaningful matter to the context of their use. On the other hand, Sekaran and Bougie (2013:350) add that content analysis is an observational method that is used to evaluate words into the contents of all forms of recorded communications. It can also be used to analyse recordings of interviews and text information to identify its properties; such as presence of certain words, concepts and themes. Hardy & Bryman (2010: 530) supported other authors and state that content analysis was one of the first approaches to the analyse words and that list of words are important tool in this tradition. The researcher transcribed texts data from interview transcripts, field notes and tape recorder. The researcher then identified meanings from the text and developed themes to see whether the research objectives were met or not.

1.30.3 Triangulation

Lauri (2011) states that triangulation is the use of multiple data sources to help understand a phenomenon. Reality Wellness and SWHAP develop reports on the support they provide to SWHAP companies. The researcher read reports from SWHAP on how this programme supported wellness workplace programmes, particularly ART programmes at SWHAP companies. SWHAP reports highlight the work that SWHAP is doing with some companies to enhance wellness programme in SWHAP companies. The researcher also revisited Reality

Wellness website where they post the support that they are providing to companies particularly with regards to ELWHIV.

Reality Wellness (2019) indicated that is it passionate about HIV Management, provision of employees with CD4 testing, and registration for government and private ARV programmes. Reality Wellness also manages several chronic diseases for its clients such as blood pressure, cholesterol, glucose and obesity. Reality Wellness further indicates its psychosocial employee programme and support employees with on or off-site counselling, telephonic counselling, trauma management and many more services. SWHAP (2014/15:7) highlights that SWHAP follows a wellness approach as it has been proven to encourage more employees to agree to test and to engage in prevention activities with a focused HIV approach. In addition to that, SWHAP also addresses related diseases and lifestyle issues which can either contribute to the spread of HIV or affect those living with HIV.

1.31 Issues of reliability and validity.

According to the key informant 01, the study worth to be conducted and explore how ART programmes does support ELWHIV to adhere with treatment at home and at work. The study was reliable and validated as follows:

1.31.1 Reliability

The study and its findings are considered reliable because all participants of this study have been participating in the ART programme more than five years. Golafshani (2003:598) cited Joppe (2000:1) defining reliability as the extent to which results are consistent over time and an accurate representation of the total population under study. If the results of a study can be represented again on the same methods, the research instrument is considered to be reliable. ELWHIV have been benefiting from being part of the programme for the past five years, making the programme consistent and reliable.

All participants of the study were available when the programme was first piloted and implemented in their companies. Participants' consistency and agreeing to

share information during the interview contributed to the reliability of the study. Participants have shown interests to know the findings of this study and how they can be supported better. Furthermore, key informants who developed the SWHAP model and assisted to implement this programme were part of the study, which contributed to the reliability of the study. Participants' consistency to answer research questions also made the study to be more reliable.

1.31.2 Validity.

According to Babbie (2013:191), validity is the extent to which an empirical measure adequately reflects the real meaning of the concept under study. Trustworthiness of the study was validated by various stages of coding and re-analysing interview transcripts. The study was validated by follow up interviews with some of the key informants and by comparing the findings with the selected theories and reports from SWHAP and Reality Wellness. Participants' experiences, perspectives and their long-term relationship with the programme helped to validate this study. The study findings were compared and verified through content analysis of existing SWHAP and Reality Wellness reports, particularly on ART programme support to ELWHIV to adhere with treatment and home and at work.

1.31.2.1 Internal validity.

ART programmes were implemented within companies to support ELWHIV. The study indicates that ELWHIV benefited from this programme by getting tested and knowing their HIV status. The researcher also conducted a follow-up interview with some participants to validate and verify findings. She also verified the findings by listening to the tape recorder as well as by looking at key informant interview transcripts for similar patterns or themes.

1.31.2.2 External validity.

The study indicates that implementation of ART programmes was meant to benefit all employees since the services cover other chronic illnesses.

Furthermore, external validation was done through content analysis of SWHAP and Reality Wellness reports as well as the literature review.

1.31.3 Authenticity and creditability.

Sampling was done by ensuring that the most appropriate participants were recruited and selected. In the findings, voices of participants were recorded in order to enhance the authenticity of the findings and credibility. The fact that all participants including key informants from Reality Wellness and SWHAP have long relationship with the programme and that Reality Wellness releases monthly newsletters on the support that they provide to ELWHIV, makes the study authentic and credible.

1.32 Ethical considerations.

The researcher received ethical approval 2019-CHS-0236 from UNISA Department of Sociology and College of Human Sciences Research Ethics Committee before entering fieldwork – please see Appendix A. The standardised informed consent forms, which are customised to the focus of this study, were used to obtain informed consent from participants in both telephone and face-to-face interviews – please see appendix B for interview guides. Because of the sensitivity of the study, ELWHIV were recruited through an existing wellness workplace programme service provider to enhance the confidentiality and their protection; hence Reality Wellness signed a code of conduct with companies partnering with SWHAP which is ethical considerations with regards to working with ELWHIVs. There were no minors amongst participants and their ages were between 18–65 years. Because of the sensitivity of the study and vulnerability of participants, ELWHIV were recruited through Reality Wellness, an existing wellness workplace programme service provider to enhance the confidentiality and their protection. During the interviews, no personal questions were asked as all interview questions were directed towards the support provided to ELWHIV by ART programmes. This was done to reduce vulnerability of the participants.

1.32.1 Confidentiality and anonymity.

As mentioned, the study was conducted through an existing wellness workplace programme service provider, Reality Wellness. Reality Wellness identified ELWHIV to ensure continuous confidentiality and psychosocial support during the process of the interview sessions. The confidentiality of the service provider was used to further protect the identity of these participants as just general ELWHIV participating in ART programmes. Reality Wellness recruited and selected participants by requesting referrals to most appropriate ELWHIV as participants of the study. To avoid bridging of confidentiality and protection of ELWHIV, a better method of collecting data was through telephone interviews. Names of participants are not reflecting anywhere in the findings or in the study. There was no direct personal identifiable information collected during the research.

All findings used code numbers to represent the names of participants to protect their identities. Data will be kept in a password protected computer for five years. The researcher and her supervisor will be the only people having access to data. Only the overall names of companies partnering with SWHAP are mentioned and no company name is connecting ELWHIV to it. Participants names are not mentioned anywhere in the studies to protect them and concerned companies.

1.32.2 Informed consent.

Both key informants and ELWHIV were aware of the informed consent forms - see Appendix C. Key informants' interviews were conducted on face-to-face basis; the researcher explained the consent form to the participants and requested them to sign. Informed consent form for ELWHIV were done in three stages; during the first stage, Reality Wellness asked permission from the participants to introduce them to the researcher using its informed consent form, while a second consent form was explained to them by Reality Wellness before the interview commenced and the third informed consent form was explained by the researcher through recorded phone. The researcher read informed consent form over the telephone in order to protect participants' identity. According to Reality Wellness, it was safer to explain consent form through telephone than to

send an email as some of participants did not have personal email addresses. After reading the informed consent form to participants, they agreed that they understood and allowed the researcher to proceed with interviews. Interviews were conducted through recorded telephone provided by Reality Wellness. The researcher explained to the participants that their participation in the study was voluntary and withdrawal without giving the reason shall have no negative consequences as it could be done anytime. The researcher explained that there were no incentives or reward for participating in the study. Participants were further informed that Reality Wellness was available for any adverse consequences due to the interviews including psychosocial counselling.

1.32.3 Harm and risks.

The researcher worked closely with Reality Wellness, a service provider that managed possible harm and risk that may have happened to the participants. Reality Wellness office was a private and safe space that was selected to conduct telephone interviews to prevent possible identification as well as to manage possible stigma. Reality Wellness also monitored the interviews. The reason for that was to alert the researcher if there were any unplanned negative consequences that may arise during the interviews. Only questions on the nature and types of support received or not received from existing ART programmes formed the base of the interviews.

Any other personal and identifiable information was limited to demographic information on the participants, including age and gender. Demographic information in a descriptive and table format is presented in chapter 4. There was no psychosocial trauma experienced during the interviews, however, an EWP counsellor was on standby to offer psychosocial support. To ensure that participants were okay, all interviews were completed with a question of how participants felt before the interviews were concluded to ensure that there was no harm to participants.

1.32.4 Benefits of the study to participants.

As part of explaining the consent form, participants were told that there were no incentives for participating in the study, but they were encouraged to be part of the study as one of the outcomes will benefit them by enhancing the existing ART programmes to provide effective and sufficient support for ELWHIV to adhere with treatment at home and at work. Other benefits include access to psychosocial support during and after interviews.

1.32.5 Provision of debriefing, counselling and additional information.

Reality Wellness EWP counsellor was provided to offer psychosocial support during and after interviews, hence the researcher asked ELWHIV how they felt after the interview. After completion of the study, the researcher will request debriefing session on the outcome of the study. The session will only be done based on the availability of participants. As part of learning, the researcher intends to participate in some of the national ART programme activities with the aim of enhancing her knowledge in that area.

1.33 Conclusion

This chapter went deeper and discussed each of the components of the research design. This is a qualitative study which seeks to explore the support that ELWHIV are receiving or should be receiving from ART programmes to adhere with antiretroviral treatment at home and at work. Key informants and ELWHIV were the main data sources and were recruited through purposive sampling based on their expertise and linkage to ART programmes in SWHAP companies. Due to sensitivity of the study, interviews with beneficiaries of the programme (ELWHIV) were conducted through telephone calls.

The sample was smaller than expected since other participants feared to get stigmatised if they participated in the study and withdrew from the study. Consistency to answer questions by participants and their long-term involvement in the programme as ELWHIV validated and authenticated the study. Data was largely analysed using thematic and content analysis as well as triangulation. The

researcher was mindful of the code of ethical clearance; it was used with the request letter for interviews to gain access and permission to interview ELWHIV. Informed consent was explained before all interviews commenced. Issues of harm and risks were avoided by conducting telephone interviews as recommended by Reality Wellness. No names of participants were called or recorded to protect participants as they were given codes. Information provided was on an anonymous basis for confidentiality purposes. The information will be kept in a locked or password protected computer for five years.

The next chapter will present findings of the study. It will present research questions and objectives and hoped to answer them to achieve purpose of the study.

CHAPTER 4: FINDINGS

1.34 Introduction

This chapter presents findings of the study. It describes demographic information of the participants. It briefly presents objectives and research questions. How research questions were answered will be presented and discussion on key findings as summaries of each participant's data will be outlined.

1.35 The objectives of the study were:

- To explore the current status of the implementation of ART programmes at selected companies of SWHAP.
- To identify how these programmes provide support to ELWHIV to adhere with treatment at home and at work.
- To identify some key challenges and gaps during the implementation of these programmes to support ELWHIV to adhere with treatment.
- To draw lesson learnt, successes and make recommendations in the areas of improvements.

1.36 Summary of the research questions.

The main research question was to explore the current status of implementation of ART programmes support to ELWHIV to adhere with treatment at home or at work. Sub-question 1 was based on exploring the implementation of ART programmes at selected SWHAP companies, while the sub-question 2 explores challenges and gaps experienced by ELWHIV. Lastly, the researcher asked participants about the lessons learnt during the implementation of ART programmes.

1.37 Demographic descriptions of participants of the study.

Data sources have been discussed in the previous chapter. Data was collected from two sources namely, key informants and ELWHIV. Two ELWHIV withdrew from the study in the process of data collection; one of them withdrew during the introduction of the interview while the other participants indicated his availability

during the process of data collection. Participants were given code numbers. All participants were called and interviewed separately, not as a group. The researcher presented demographic information in both description and a table format - Table C.

1.37.1 Profile of the key informants.

Key informants were identified because of their direct link with the ART programmes. Key informants' interviews were mostly programme questions. The researcher used this type of questions mainly to understand the perspectives of the programme implementers on implementation of the ART programmes and the support that ELWHIV are receiving or should be receiving. Key informants were known as the implementers of the ART programmes. One of the key informants was the founder of the SWHAP model which was implemented by SWHAP companies. Overall, five key informants participated in the study, one male and four females. All participants are given codes as their names to protect their identities. Summary of the demographic descriptions of each key informant are as follows:

Key informant 01

As previously mentioned, this key informant was interviewed because he was one of the key founders of the SWHAP model which was implemented in some of the companies partnering with SWHAP. Key informant 01 was in his seventies, he was a male participant and a white African. This key informant passed on few months after the interview was conducted.

Key informant 02

This key informant was interviewed because of her role as the Regional SWHAP Coordinator. Key informant 02 was in her mid-forties, she was a female participant and an African.

Key informant 03

This key informant was interviewed because of her direct involvement with Reality Wellness as a Director. Key informant 03 was in her late-forties or early-fifties; she was a female participant, and a white African.

Key informant 04

This key informant was interviewed because of her role as the EWP counsellor who provided counselling and psychosocial support ELWHIV during the interview. Key informant 04 was in her late forties; she was African.

Key informant 05

This key informant was interviewed because of direct involvement with the national ART programme. Key informant 05 was in her late forties; she was African.

1.37.2 Profiles of Employees living with HIV.

All ELWHIV were identified and selected because their roles as beneficiaries of the ART programme in SWHAP companies. All ELWHIV participating in this study have been part of the current ART programme for the past five years. Three males and one female participated in the study. The other two participants, one female and one male withdrew during the process of the interview as previously indicated. Demographic descriptions of each beneficiary are as follows:

Beneficiary 01

African female who was in her late thirties when the study was conducted.

Beneficiary 02

African male who was in his early forties when the study was conducted.

Beneficiary 03

African male who was in his mid-fifties when the study was conducted.

Beneficiary 04

African male who was in his late forties when the study was conducted.

Table C: Demographic table of all participants linking them to companies.

Participant codes	Gender	Participant role	Company
01	Male	Key informant	SWHAP
02	Female	Key informant	SWHAP
03	Female	Key informant	Reality Wellness
04	Female	EPW counsellor	Reality Wellness
05	Female	Key informant	National Department of Health
01	Female	Beneficiary of the programme (ELWHIV)	Company A
02	Male	Beneficiary of the programme (ELWHIV)	Company B
03	Male	Beneficiary of the programme (ELWHIV)	Company C
04	Male	Beneficiary of the programme (ELWHIV)	Company D

1.38 Key findings

The purpose of the study was to explore implementation of ART programme support to employee living with HIV to adhere with treatment at home and at work. Data was collected from two different groups: key informants known as implementers of the programme and the employees living with HIV known as the beneficiaries of the programme. Key findings will be presented collectively from both data sources. All interviews were conducted in English and two of the

ELWHIV minimally responded in isiZulu just once or twice. The researcher will put their direct quotes as they are and explained them in English.

1.38.1 Current status of ART programmes in SWHAP companies and involvement with ELWHIV.

The research question was: What is the current status of implementing ART programmes at selected companies?

Continuous adherence ART is important to achieving viral suppression and strengthening the immune system. The researcher asked about the current status of the programme as well as the involvement of ELWHIV to this programme and key informant 01 informed the researcher that:

> *Yes, the programme does exist…and I must admit that some of the companies are benefiting from these programmes…not all companies have fully functional ART programmes because they did not work hard to implement it. SWHAP has funded some companies and supported workplace programmes for those companies who were willing to have these programme… remember you cannot force them to implement…We developed this model I think in 2004 to support companies to have functional workplace programs. Companies were happy about the model and agreed with the implementation. This model was done to save lives of ELWHIV particularly in private sector. The programme is still running in some companies. Remember some of the employees are drivers and miners so they must be equipped with information and resources so that they can take treatment.*

Key informant 01 is one of the key founders of the SWHAP model. He understood the current status of this model very well from a founder's perspective. Key informant 01 was speaking from experience and provided the researcher with as much information as possible. When he spoke about the

current status, he was somehow looking disappointed about how some of the companies are not utilising the model fully to benefit their employees particularly the vulnerable ELWHIV.

When key informant 02 was asked of the current status of ART programme in SWHAP companies she nodded her head and highlighted that:

> *Hmmm…with reference to the current status of the programme, I must say that the programme is ongoing through the service provider, however, SWHAP has now moved on with other programmes but the service provider Reality Wellness is sustaining the implementation of ART programmes. SWHAP programme was developed to jump start companies to implement their wellness workplace model to support not only ELWHIV but all employees; SWHAP model was initially established to help companies to take ownership of their wellness workplace programmes and to take care of their employees.*

With regards to the current ART programme status and involvement of ELWHIV in the programmes, ELWHIV, as beneficiaries, get the opportunity of receiving information about ART and get to learn the important of adherence. On this matter, beneficiary 01 echoed that:

> *ART programme still exist in our company. We still have health check days twice a year… I got involved with the current ART programmes because the company's policy allows management to take care of its employees through wellness workplace programmes. Our company was conducting a wellness health check including doing HCT. These health checks were mandatory to everyone that is when I got to know of my status. I got counselled and got to know about HIV status. I was diagnosed to be HIV positive in August 2008…11years of living*

with HIV…after being with the company for six years, I was retrenched from work and at some point, I was employed again by the same company for 9years now and I am still involved in the programme! Positive attitude made me feel at ease about my status. I am positive and optimistic about the ART programmes. Although only Reality Wellness knows about my status, I am happy with the service that I am receiving to adhere with treatment".

On the other hand, beneficiary 02, 03 and 04 explained that the current ART programme helped them to know their HIV status during the routine HCT. The programme conducts health checks regularly to allow employees to test and screen for chronic diseases, including testing for HIV. Beneficiary 02 briefly shared how he got involved in the current ART programme and highlighted that:

I got involved in the ART programme because I wanted to check my HIV status and accepted to be tested. That is how I got to know my status. I have been living with HIV for plus minus 10years now. I am happy with the support that I am receiving from Reality Wellness, I am 100% strong but I did not tell anyone at work that I am HIV positive only my family knows about my HIV status.

On the other hand, beneficiary 03 agreed that ART programmes are in place and continued to inform the researcher how he got involved with the program and said that:

I got involve in ART programme because I wanted to know my HIV status….at first, I was angry when the ART programme was implemented because I was afraid to do the tests…and I was not sure on what I will do after testing… but realised that i have to do the test and know my HIV status. I got tested and I tested HIV positive and had no choice but to disclose my status to my

family and at work. I have been living with HIV for at least 10years now. I went to the doctor who registered me with my medical aid. I receive my treatment from the courier as the medical aid is paying for everything. I personal think that the current programme is effective.

Like beneficiary 01, beneficiary 03 sounded very confident about himself and knowledge of ART programme and the benefit of adherence. His understanding about the current status of ART programme and the benefit gave him confidence to disclose his HIV status. This beneficiary is openly benefiting from ART programme and he is supported by his employers and Reality Wellness. Beneficiary 04 gave his opinion about the current status of the ART programme in his workplace and how he got involved in the ART programme:

... ART programme is progressing through Reality Wellness. I got to know of my HIV status because I got involved with the programme as the beneficiary and I benefit from its support… Yes, the current ART programme is good, I knew my HIV status because of this programme, I was not going to know my status it this programme was not established. I have been living with HIV for plus minus five years now. The company does not know my status and my family does not know.

Key informant 04 spoke on her capacity as a counsellor and informed the researcher that the programme is ongoing and offering different services like integrating HCT with screening of chronic illnesses. She informed the researcher that:

Yes…ART programmes are currently ongoing through Reality Wellness and we do not only provide HCT, but we extend our services to screen other chronic illnesses. I got involved because I am counselling employees during this screening and offering the psychosocial support.

According to UNAIDS (2018:1), it is important for people to know their HIV status so that their lives are saved by getting treatment on time. Knowing one's status is an essential entry point to HIV treatment, prevention, care and support services. People who test positive for HIV should be linked immediately to antiretroviral therapy to keep them alive and well. When the viral load suppression is reached, it prevents transmission of the virus. Therefore, the researcher felt that it is important and necessary to maintain ART programme since ELWHIV are benefiting from it. Getting involved in programmes like this will help them to adhere with treatment at home and at work.

Key informant 03 informed the researcher how she got involved with the ART programme and said that:

> *We are still implementing the programme…it is a continuous programme…that is the current status. In our organization, ART programmes were implemented since 2003/4 and it is still running to date. I can confirm that Reality Wellness is providing service such as counselling and psychosocial support to ELWHIV to adhere with treatment at home and at work at some of the companies that have partnered with SWHAP. SWHAP model was a long-term strategy and it was easy to implement with the focus on test, treat and offer support. Not all companies have funding some companies pay the service provider only for the service that they require…like HCT while others expand to supporting ELWHIV...*

Key informant 05 gave the national current status of ART programmes and highlighted how South Africa would like to tackle ART programmes and thoroughly informed the researcher that:

> *The current implementation status is that the country has adopted the UNAIDS 90-90-90 strategy and I am happy that we are closer to reach the first 90. At this moment we are working*

hard and support ART programmes to ensure that we reach UNAIDS 90-90-90 strategy by 2020. A lot of work needs to be done that is why programme like this are important to have in all workplaces.

Following the answer from key informant 05, the researcher could notice the participant's passion about ART programmes, particularly when she spoke about the UNAIDS 90-90-90 strategy. Companies like Illovo have functional wellness workplace programme and adopted the UNAIDS 90-90-90 strategy too, Illovo (2014/15:11). According to UNAIDS (2015:23), UNAIDS 2016–2021 strategy is a bold call to action to get on the fast-track and reach people being left behind. It is an urgent call to front-load investments and a call to reach the 90-90-90 treatment targets to close the testing gap and to protect the health of the 22 million people living with HIV who are still not accessing treatment. The first 90 is hoped that 90% of people living with HIV will know their HIV status by 2020, the second 90 is hoped that 90% of people who are diagnosed with HIV infection will receive sustained antiretroviral therapy by 2020, and the third 90 is hoped that 90% of all people receiving antiretroviral therapy will have viral suppression by 2020. Reaching the 90-90-90 UNAIDS strategy requires all stakeholders to take effort and ensure that people get tested and put on treatment if they test positive.

In this case, they should be supported to ensure that they are virally suppressed. To reach the third 90% of PLHIV having viral suppression by 2020, they should receive support at home and at work. Some of the workplaces like SWHAP companies have workplace programmes that enhance support to ELWHIV to adhere with treatment at home and at work. The researcher is of the view that wellness workplace with focus on ART programmes can help in the achievement of the UNAIDS 90-90-90 strategy by enhancing support to ELWHIV to adhere with treatment at home and at work.

1.38.2 ART programme support to ELWHIV adheres with treatment at home and at work.

The research question was: how do these programmes support ELWHIV to adhere with ART at home and at work?

Reality Wellness (2019) indicates that its initiatives are supported and reinforced through a variety of communication material. They supply clients with monthly newsletters and posters, promoting trending wellness topics. Key informant 01 explained the kind of support that ART programmes offer to ELWHIV to adhere with treatment and said that:

> *Some companies have established clinics on site to support ELWHIV for those who want to use the company's clinics. Some truck drivers are given HIV kits which contain condoms and every time they come back on site; they get replenished kits. I guess this is the support that ELWHIV need not only for protection purpose but to prevent themselves from getting infected by HIV.*

Key informant 01 put more emphasis on the commitment of managers to support ART programmes. When this key informant was talking, the researcher could sense his connection to SWHAP model as one of the founders. He repeatedly used his hands to show the importance of ART support to ELWHIV to adhere with treatment at home and at work. On the other hand, beneficiary 01 explained how she benefited from the ART programme. The researcher understood that it was through ART programme that beneficiary 01's life was saved, since she told the researcher that she was sick and relapsed when she started taking treatment.

Antiretroviral therapy is a powerful tool for HIV treatment and can help ELWHIV suppress their viral load and make their HIV status undetectable. However, according to (UNAIDS 2018:12) large percentages of people living with HIV are diagnosed with advanced disease, often years after they acquire the virus. Therefore, preventative effect of antiretroviral therapy is insufficient on its own. Beneficiary 01 spoke about the support that she received from this programme to

adhere with treatment. She sounded like crying when she informed the researcher how ART programmes have been so important to her. The researcher could hear her sighing as she explains:

> *I am happy about the reminder that Reality Wellness is sending so that I can go to the clinic and get my treatment. I once relapsed from treatment for six months when I started taking the pill …but I am fine now because of the support from Reality Wellness…If you can see me, you will not believe I am HIV positive; I am beautiful and taking care of myself…The reminder makes us not to forget about our treatment day and to prepare ourselves…reminding us is a big support for us!*

The study employed the theory of empowerment where we see Reality Wellness empowering ELWHIV with information on the importance of not missing appointment dates and by also conducting reminder calls. The service goes further to provide ELWHIV with counselling and psychosocial support to ELWHIV. In these regards, the service provider empowered ELWHIV with education on adherence to treatment at home and at work.

Beneficiary 01 continued to embrace the support she is receiving and said:

> *…I receive information about HIV and the support from this programme. The support that I am receiving is overwhelming, and no one knows that I am HIV positive...I am happy with professional service that Reality Wellness is providing. I do not receive the actual support from the company because they do not know my HIV status.*

From this interaction, the researcher felt that beneficiary 01 understood the importance of taking and adhering to treatment. Reminder calls from Reality Wellness help ELWHIV adhere with treatment as they do not have to miss their appointments. Studies by researchers, such as Nkomo (2014) mentions that to check for adherence with treatment, continuous assessment of adherence at

every clinic visit may help identify reasons why patients sometimes failed to adhere to treatment scheduled times and sometimes miss appointments. However, this researcher highlights that forgetfulness was identified as a major contributing factor to non-adherence, as such, reminders such as mobile phone text messages, cell phones, alarm clocks or watches, and calls from health care providers were among some of the methods used to improve adherence. Nkomo (2014) citing Marukutira (2012:70). On the other hand, Illovo (2014/15) indicates that Illovo group runs primary health care clinics and hospitals, the use of which extends to employee's direct dependents. Illovo is one of the companies that have a fully functional ART programme. Illovo supports its employees and has 25 primary health care clinics and four hospitals; staffed with nine full-time and 10 part-time doctors, together with other clinical and auxiliary staff. The focus of the health care service is on health promotion, preventative services and primary health care. Key informant 02 highlighted the important issue of Human Resource support to ELWHIV.

Their support can be through enhancing confidentiality to all issues relating to ELWHIV. This key informant repeatedly mentioned the issue of company's ownership to ART programme to ensure that ELWHIV are supported without leaving gaps. The researcher could sense that although there is support to ELWHIV, there are some challenges at workplaces in SWHAP companies, particularly relating to the support that ELWHIV should be receiving to adhere with treatment at home and at work. Key informant 02 continued to explain that SWHAP was ensuring that wellness workplace programmes get support through Reality Wellness for ELWHIV to adhere with treatment and said that:

> *I believe that through continuous support from Reality Wellness ELWHIV should be encouraged to adhere with treatment at home and at work. Reality Wellness continuously checks ELWHIV and offer adherence counselling… ART programme was mainly implemented to support ELWHIV. SWHAP supported the implementation of ART programme by co-funding*

it, offering technical support and followed up with companies to ensure that its objectives are achieved, and HIV issues were treated as priority so that ELWHIV are supported.

Beneficiary 02 sounded positive about the programme and shared his mixed opinion about the support he is receiving from Reality Wellness. He informed the researcher that although his HV status is not known by his employer, he does benefit from psychosocial support and counselling:

I am very happy about the support from the Reality Wellness. I have no problems with benefits from ART programmes, because I did not disclose my status at work. I cannot say I benefit openly… at home they know my status and they support me to adhere with treatment. At work they do not know only Reality Wellness knows about my status and they support me with counselling, reminder calls and they often check call to check on how I am doing. I am open to talk to Reality Wellness and to my family but not with my employer.

On the other hand, key informant 03 shared information about the support that Wellness Reality provides to ELWHIV as part of the ART programme. The researcher had a long interview with this key informant who echoed that:

We have data base that we use to provide support to ELWHIV, we know when we must call them and remind them to go and collect their treatment. Our counsellors provide counselling and we also manage our relationship with them to make things go smooth. We have information available on health topics and there are themes that we share every month to encourage them to adhere with treatment. We print posters and put wellness information in our website. We have been managing some of the ELWHIV for over 15years. We linked some of them with their medical AIDS and clinics. We also continue to support

those who left these companies. We strengthened our support by revealing our telephone numbers when we call them so that they can pick our calls. Previously we use to dial anonymous and it was difficult for them to answer since they did not recognise our telephone number. We know how to communicate with them so that they can feel accepted. We do industrial theatres to address issues of disclosure and the importance of taking treatment.

Nkomo's (2014) study backs ART support to ELWHIV and further highlighted that patients who were fully supported physically, psychologically, socially, emotionally and spiritually maintained high adherence levels. Social support networks, which entail family, neighbours, relatives and peer support groups, played a vital role in encouraging patients to adhere to their antiretroviral treatment. Therefore, key informant 04, on her capacity as EWP counsellor, reiterated the type of support Reality Wellness provides to ELWHIV and said that:

Currently we use the telephone system which is convenient to support ELWHIV. We also link them to treatment. We call them consistently to check on them and to remind them of their dates to take treatment at clinics. We continue to make sure that we offer support through adherence counselling and psychosocial support. They are free with us; I also chat with them through WhatsApp so that they feel safe if they can't call due to other reasons….it is very easy to pick a chat with them as they are free to inform me of their challenges particularly at home and at work. Sometimes they fear that some colleagues may hear them when they make calls…you can see that they get happy during the yearly wellness screening because no one can know what kind of screening they are taking. We provide HCT screening twice a year. Clearly stigma is still a challenge in these companies…sometimes they feel down, and they send me WhatsApp and I offer them counselling… We also provide

trauma adherence counselling when and if needed by ELWHIV. Other support is provided by sharing information on health topics that is useful for adherence to treatment…

Anglo American (2015:4), in its HIV policy, highlights that information and education programmes on HIV/AIDS should be made available to all employees and must be appropriately sustained, coordinated and focused. The programmes must be conducted in a manner that considers levels of education and literacy and need to be situated in an appropriate cultural context.

Educational strategies are based on consultation between employers, employees and their representatives. The methods used should be as interactive and participatory as possible. Companies like Anglo American, just like SWHAP companies, also have programmes to ensure that ELWHIV do adhere with treatment; this support is enhanced through various programmes. Anglo American (2015:4) further indicates that counselling services in its companies are linked to programmes of direct care and support for employees and their dependents living with HIV.

Beneficiary 03 sounded to be enjoying the benefit of the programme and was happier than other beneficiaries. He explained the benefit and support that he is receiving and echoed that:

I enjoy the full benefits of ART programme because I disclosed my HIV status at home and at work. I benefit at work when I need something or any help. I tell my Human Resource (HR) when I want to go to clinic or doctor, and they agree because they know my status. If I don't come to work because of not feeling well, they don't have problems, if I inform them that I am not coming to work, they do not have problems. I must say that ART programme support us to adhere with treatment, they call to remind us of the treatment dates...they check on us. After all, I get my ARVs through medical aid; my doctor registered me

with the medical aid, my treatment gets couriered to my workplace, but Reality Wellness still reminds me of the treatment date.

SWHAP believe that knowledge is power and employees who know their HIV status and general health risk profiles are empowered to make the right decisions to protect themselves and their families, this is according to SWHAP (2018). Empowerment theory was applied when companies empower ELWHIV with information on adherence to treatment through the service provider, Reality Wellness. Reality Wellness enhanced this theory by empowering ELWHIV with information and education about adherence to treatment both at home and at work. ELWHIV were empowered with information during counselling and psychosocial support provided by Reality Wellness.

This support enables them to ask questions and share their thoughts on treatment and benefits of adherence. Reality Wellness extended its service to the families of ELWHIV so that they are also empowered with information and can support each other to adhere with treatment. Awareness campaigns are done twice a year and all employees enjoy the opportunity of the service from Reality Wellness to receive face-to-face, first-hand information on treatment and the importance of adherence. Gallant, Cohen, & Wolff (1985) highlights that some employees are best served by people they trust so that they can also help others.

Key informant 05 could not stop embracing ART programmes. According to her, ELWHIV are receiving necessary support through wellness workplace programmes. She emphasised that:

Organizations such as South African National AIDS Council (SANAC) play major role to ensure that private sectors are linked to ART programmes…from the national perspective ART programmes are improved to offer necessary support to ELWHIV. Government does provide support to ART programmes for private sector and public sector. SANAC is working with

> *private sector and collects HIV data from companies and to ensure that these programmes are established… labour laws through unions ensure that employees are entitled to healthy life while government ensures that employers have calendars of health events and awareness days to share with employees. Therefore, it is the responsibility of workplaces to ensure that employees receive those calendars and celebrate those days through wellness activities. This is to encourage employees to participate in the health checks so that they can be supported if they are found to be HIV positive. Government is providing comprehensive care to people. Comprehensive care is inclusive of all chronic illnesses not only HIV/AIDS.*

In his study, Mulelu (2016) recommended that social and economic support is an important factor in achieving optimal adherence.

Beneficiary 04 did not want to say much about benefits that he receives. Throughout the interview, he was giving short answers, even if the researcher was getting deeper to probe him with more questions. His interactions were like someone who did not have hope about the situation he was in. This is the beneficiary who did not disclose his status to anyone. When he was asked about the kind of support, he is receiving he informed the researcher that:

> *I got supported to do the test…yebo… (Means he was agreeing that he got supported to do HIV test)…I am getting support from Reality Wellness only.*

According to UNAIDS (2014:6), HIV treatment saves costs by starting treatment early to enhances both health and economic gains. In South Africa for example, all treatment increased scenarios based on higher CD4 thresholds for starting with treatment have been estimated by models to benefit at the same time both health and economic. However, the most important benefits occur when treatment is available to all people living with HIV regardless of CD4 count.

Therefore, it is necessary for ELWHIV to know their status so that they can benefit from support treatment and live longer. Social ecology theory comes in when the study findings reflect that ELWHIV are still living in silos and prefer to travel and get treatment at community health centres instead of receiving treatment at clinics that are in the company's sites. This is the environment where they feel safe to collect their treatment. (Barry 2007:1) highlights the environment as being an important theme in human thought. The environment and how people value it has become an increasingly central and important aspect of recent social theory and political practice.

On the other hand, the study finds that workplaces are used as a safe space for health checks and networking amongst employees, particularly during health awareness days such as VCTs. However, the issue of collecting treatment is done in different ways based on the choice of the ELWHIV. All participants of this study participated in HCT events. Workplaces have created a safe space to conduct health check events which are beneficial because employees can interact with one other in a relaxed environment.

1.38.3 Challenges during adherence with treatment at home and at work.

The research question was: What are the key challenges and gaps experienced while implementing ART programmes to support ELWHIV?

Employees who are employed on contracts or temporary basis were not allowed to benefit from the ART programmes as payment for wellness services were only done for permanent employees. Employers pay testing kits for permanent employees, therefore since these kits are counted, temporary employees are left behind. Key informant 04 informed the researcher that employees who are employed on contract or temporary basis are left to suffer by their employers and their health always deteriorates for the worst because of lack of support. Sometimes they are too ill because they cannot get any support and are expected to be at work. Key informant 01 also informed the researcher that the biggest challenge was lack of management commitment, as managers often

change, and that some of the new managers do not have interest in these programmes or to support employees living with HIV to adhere with treatment at home and at work. He mentioned the lack of management commitment to workplace programmes, which made the researcher to note it as “red flag”. Key informant 01 informed the researcher about ART programme challenge that contribute to non-adherence for ELWHIV.

Key informant 01 proceeded to hold management of the companies accountable. SWHAP is an example of how management, employees and trade unions can contribute to a successful intervention that saves lives and secures future markets SWHAP (2016/17:7).

Key informant reiterated that:

> *Like I said before… management should show interest in these programmes and take responsibility. Some managers like these programme while some of them are only focusing on the company’s profits not on the wellbeing of the employees. Changing of management is also a problem in many companies. Some leave the programme unfinished without making sure that there are sufficient funds to sustain it while some managers do not show interest at all while other managers are good and concerned about wellbeing of their employees including ELWHIV. What do you expect to happen if you are not supported by your own employer? I have seen these things happening …employees dying because there was no support at all from management. Where I think there is a gap…is the lack of support from management’s side. Some managers themselves are sick and they do not want to disclose their HIV status…how can they then support ELWHIV?...unless this managers take the workplace programmes serious and support their employees to use these clinics. Look…management perspectives toward HIV treatment should be*

changed.

These situation leaves other employees frustrated, particularly ELWHIV. Participants must take two pills, one in the morning and the other one in the evening. Those who have not disclosed find it difficult to take pills at work because of fear of other colleagues' reaction. Supporting ELWHIV will assist them to benefit from getting treatment and suppressing the virus because of adherence. As a result, (WHO 2019) highlights that standard ART consists of the combination of ARV drugs to increase suppression of the HIV virus and stop the HIV to progress and as it prevents onward transmission of HIV. Huge reductions have been seen in rates of death and infections when use is made of a potent ARV regimen, particularly in early stages of the disease.

ILO (2013:9) highlights that it is calling to urgent action creating a global culture of prevention that respects the right to a safe and healthy working environment and ensures that both employers and workers know their rights and responsibilities. These rights and responsibilities include the right to access treatment and to create safe space for all employees. Social ecology theory ensures that workplace create safe and good space for ELWHIV to adhere with treatment. A safe space will enable ELWHIV to overcome challenges such as lack of adherence, fear of stigma, discrimination and disclosure.

Beneficiary 01 shared her challenges and highlighted that:

> *The time that I must take my pills gives me challenges especially that I will be at work. Sometimes I am at the meetings and I cannot take the pill in front of other people since they do not know that I am HIV positive. I give "excuses" every time I go to the clinic for treatment. To address these challenges of adherence I must disclose my status…but I can't, I fear my family's reaction. I have a medical aid, but I prefer to get my treatment at the government clinic because they give me the type of pills that goes with my immune system. At first, I did not respond well to treatment for*

eight months.

While beneficiary 03 never had problems that others are facing because he disclosed his HIV status, other beneficiaries like beneficiary 02 and 04 have the same challenges when it is their dates to go for treatment. Beneficiary 02 indicates that:

> *I have challenges because I must give "excuses" when I go to the clinic to collect my ARVs. I do not want to disclose my status at work, but I disclosed at home. Reality Wellness is aware of my HIV status and they offer me psychosocial support at some point.*

When beneficiary 02 was stating his challenge, the researcher could hear his voice changing and sounded frustrated about challenges he faces when he goes to clinics or does not feel well. This could not stop the researcher from hearing other beneficiaries' challenges. SWHAP (2017: 36) states that lack of adherence with treatment by ELWHIV therefore causes increased absenteeism and less productivity in SWHAP companies.

Beneficiary 04 informed the researcher that:

> *When I go to the doctor or clinic, I must bring sick note. I do not see any challenges because I have not disclosed my HIV status to anyone. At home and at work they do not know my HIV status.*

Key informant 02 stated the challenges about the current ART programme that:

> *... the reports show that there are issues of treatment fatigues. Therefore, ELWHIV are getting tired of taking treatment and relapse…you push and push but lack of company's ownership to ART programmes remains a problem. Constant changing of contact details by ELWHIV poses a big challenge to the service provider. I don't know why they are doing that, maybe they have reasons why they don't want to be reached at some point… the other issue is the lack of management commitment to workplace*

programmes, sometimes it is due to changing of management in these companies. Management should make programmes like this a business case…it is about lives of employees. HR should also work close with the service provider to improve the quality of life of ELWHIV. This support should not be one sided effort.

The workplace is a safe space for the provision of long-term prevention education and the promotion of behaviour change to reduce individual risk to infection. One of the most effective and important actions in a workplace response to HIV/AIDS is the development of workplace policies on PLHIV to understand the support and care they would receive ILO (2013:3-4).

Key informant 03 shared the frustrations that they are facing as service provider and said that:

…sometimes we struggle to get hold of the ELWHIV because they have changed their mobile numbers. When they change their telephone numbers, they do not inform us...so we often try hard to trace them which is very difficult and overwhelming because we want to help them. The other important fact that I want to mention is that some employees do not understand that money that service provider pay the service does not come from their savings, it comes from companies. They think by not making use of the service from the service provider will save them money; they neglect their health and wellbeing. Most of them will rather go to local clinics than to use medical aid. Some managers are difficult to support these programmes while others are okay with it. Sometime the problem starts when new management takes over. The other issue is that not all companies have funding, to pay for the service which we provide twice a year.

Key informant 01, 02 and 03 shared the same challenges and achievement. It may be because of the working relationship that they have. The researcher felt

that there was a bigger problem than she thought because if there is no interest from management's side, the programme is likely to collapse in future. On the other hand, key informant 04 also shared the challenges and echoed that:

> *The challenge is that ELWHIV often leave company's clinics and go to local community clinics and become absent from work. It is very difficult for them to get treatment where it is convenient. That is why they wish that we can provide them with ARVs to make their lives better…but we can't, unless if the government can provide us with ARVs…they are very expensive to purchase.*

While this key informant was stating her challenges to helping ELWHIV adhere with treatment at home and at work, the researcher kept on thinking that perhaps there is a reason for ELWHIV not to utilising onsite clinics which has all the services and convenient to them. Clinics that are onsite should benefit ELWHIV adhere with treatment. Leaving onsite clinic is costly and time consuming. Key informant 04 continued to inform the researcher that…

> *Employees on contract basis are not entitled to benefit from ART programmes…I find it not to be fair but what can we do?...sometimes we provide multivitamins to them but it becomes costly for us, we are trying to help as much as we can…secondly, some companies do not have funding for all the services… but we do what we can do to help. Type of services differs from one company to the other…i wish Department of Health can provide us with ARVs to give ELWHIV.*

Key informant 05 highlighted the challenges that the government is facing during the implementation and said that:

> *The big challenge for the implementation of the overall ART programme was to lose track of PLHIV who never returns to clinics to collect their treatment. By so doing, they end up relapsing and dying due to treatment failure.*

The vision of ending the AIDS epidemic may be difficult to reach if challenges that are faced by ELWHIV at workplaces are not addressed. Lancet (2019:29) highlights that in 2016, the UN General Assembly signed the Political Declaration of Ending AIDS and emphasised its commitment to ending AIDS epidemic by 2030. The agreement required that member states sign the 90-90-90 UNAIDS treatment targets.

While asking beneficiary 03 about the challenges he is facing from the programme, he sounded not have challenges as he was quick to respond that:

> *I do not experience any challenges because I receive my ART through courier that is registered with my medical aid. I am living openly with HIV...At home they know and at work they know too. When I go to collect my treatment, I tell human resource, I have no challenge with ART programmes because they support me by sending me a reminder.*

1.38.3.1 HIV disclosure

From the researcher's perspective, ELWHIV are not willing to disclose their HIV status to their employers, but they free to speak to Reality Wellness counsellor. They were all willing to share with the researcher their HIV status. One out of four ELWHIV disclosed his status and was living openly at home and at work while the other three did not want their HIV status to be known both at home and work. It makes it difficult for ELWHIV to benefit from the full support that they should be receiving at work and at home. When asked why they did not want to disclose to either their families or at work, some of them, like beneficiary 01, indicated that she was afraid to tell her family because she did not know what will happen after disclosing her status; she felt that she will be denied or disowned by her family or even get stigmatised. Beneficiary 04 was not thinking of disclosing his status to anyone. It is likely that beneficiary 04 fears stigma and discrimination both at work and at home.

However, Beneficiary 01 has her own challenges and said that:

> *My challenge is that if I disclose, they may stigmatize me because of lack of understanding and knowledge of HIV. I am not ready to disclose my HIV status to my family, I am scared. However, if I disclose to the company, I don't think there will be any negative impact to my work…but I cannot disclose". Thing is I am not ready to disclose my HIV status for over the past seven years now…*

Beneficiary 02 informed the researcher that he chose not to disclose his status at work, but he did disclose at home. This beneficiary sounded very confident and comfortable for not disclosing to anyone at work. The researcher could assume that there is a challenge at work that makes ELWHIV not disclose their status at work. Beneficiary 04 kept his HIV status to himself.

Beneficiary 04 informed the researcher that:

> *I do not see any challenges because I have not disclosed my HIV status to anyone; then I go to the doctor or clinic, I must bring sick note. At home and at work they do not know my HIV status and I am fine with it.*

DoH (2016:25) highlights that disclosing HIV status is a long process of understanding HIV, how it was originated, how it progresses, its name, its impact and how to manage it. It is a series of answers to a long list of questions which can take a while to understand. Three out of four ELWHIV are living in silos either at home or at work because they have not fully disclosed their HIV status. Although these participants have not disclosed their status either at home or at work, they encourage other employees to do HIV testing and to adhere with treatment at home and at work. Beneficiary 04 has been living in silo for the past 5years. He has not disclosed his status at work and at home.

Only Reality Wellness knows about his status. He is benefiting from psychosocial support and counselling. He informed the researcher that when he goes to the

clinic or a doctor, he presents a sick note for being absent from work. The researcher was shocked to learn that disclosing of HIV status is a big problem, particularly at private sector workplaces. Beneficiary 04 sounded calm and gave a “never mind” kind of respond and was happy for not disclosing his HIV status. Other researchers support this study; findings by Makua (2015) indicate that PLWHIV raised concern that if they disclose their statuses to their family members, they give them very little support; this discourages them from taking ART as expected by health care personnel.

Therefore, Makua concluded that lack of adequate support leads to failure to continue with medication amongst those who have started. Reduced adherence to ART is not only a burden on the health of the patients, but also on the family members who are to be responsible for ELWHIV who will be physically weak due to the disease and be unable to take care of themselves.

1.38.4 Participants benefit from implementation of ART programmes.

The research question was: What did participants benefit or learn from implementation of ART programme?

Participants shared what they have learnt during the implementation of ART programmes to support ELWHIV to adhere with treatment at home and at work. Key informant 01 explained that he learnt that:

> *I have always learnt and knew that SWHAP is not an implementing agent; SWHAP is a model that needed to be followed by companies to benefit from good workplace programmes. ART programmes are special programmes that needed to be implemented carefully by ensuring that companies are benefiting.*

Key informant 02 shared that:

> *SWHAP was the best model which was advocated for policy social dialogue for management, employees and trade unions. It helped*

and benefited some many companies to start wellness workplace programmes and this make me proud to have contributed to the implementation of such good programmes!

Key informant 03 closed the interaction and informed the researcher that:

…companies should allow employees to benefit from sustainable services such as workplace programmes and to allow service providers like Reality Wellness to support ELWHIV to adhere with ART…we work so hard and we love what we are doing. We have been supporting companies for many years!

Beneficiary 03 benefited from the programme as he is revel in benefits of the programme by adhering at home and at work. Therefore, he did not face any challenges because he is living openly with HIV. He does not have to give "excuses" like other ELWHIV when he goes to the clinic for check-up since his treatment is being couriered to work. The researcher noted frustrations from key informant 04, particularly relating to lack of funding in some of the companies to ensure that ELWHIV are supported to adhere with treatment at home and at work.

Key informant 04 concluded the conversation and said that:

I personally, have learnt a lesson that ELWHIV are dying because of stigma and lack of support from management. There are those who benefit but not all of them. Some often miss their treatment…I know many of them are living with HIV because they disclose to me. They are so many and should be benefiting freely from the ART programmes… I am hoping that perhaps the Department of Health can allow service providers like us to issue ARVs so that we can save more lives.

Key informant 04 was so emotional when she talked about the support that ELWHIV needed to benefit freely from the ART programmes. This key informant has strong attachment and has relationship with ELWHIV; she felt so sad when they experience challenges. The researcher got emotional when this key informant was raising concern that providing counselling and psychosocial support was not enough. She felt that ELWHIV will feel safer if Reality Wellness provides ARVs. She reiterated that Reality Wellness is a safe space which includes other chronic illnesses; therefore, one cannot guess which type of service ELWHIV are seeking. The researcher herself felt little biased as she has seen people close to her getting sick and in need of ARVs not counselling.

Key informant 05 concluded that:

> *This country is now closer to the first 90 with 84%, the second 90 we are on 72% and the third 90 we are on 88%. That is good news the country is close to reach the UNAIDS 90-90-90 strategy! Part of the broader programme is to test and treat according to the national guidelines. The government has put its focus in the public sector and…private sector is linked to the National ART programme because the country's approach is the multisectoral.*

The researcher noted that key informant 05 was happy about progress of national ART programmes. She did not mention any challenge regarding ELWHIV, but the success that the South African government has made so far towards reaching UNAIDS 90-90-90 strategy.

However, beneficiary 02 informed the researcher that he has learnt that more education is needed and concluded the interview by saying that…

> *I am very happy about the programme and wish that more education can be provided. Education about HIV will help people to disclose their HIV status…this interview makes me*

feels considered.

Other beneficiaries 01, 03 and 04 expressed their happiness of learning that ARTs save lives. It looks like they got to realise that after the interview was conducted. Beneficiary 04 concluded that:

> *I am happy with the programme because it offers services beyond HIV testing. I am happy about the interview it made me to realise the importance of ART programmes, ndiyabonga… (Thank you).*

Beneficiary 01 told the researcher that:

> *I feel so special that I was being interviewed and I can confirm that she has learnt a lot through receiving information and counselling about adherence to ART is important.*

1.39 Application of the two theories:

These theories are also integrated in the findings.

1.39.1 Theory of social ecology

This theory helps to answer research questions on the current situation of ART programmes and how these programmes support ELWHIV to adhere with treatment at home and at work. The findings indicate that SWHAP companies used the service provider, Reality Wellness, to enhanced good working environment by creating health awareness through activities such as HCT and screening of chronic illnesses. Workplaces becomes a convenient environment for the awareness activities. During interviews, ELWHIV informed the researcher that they got to know their HIV status during the regular screening conducted by Reality Wellness.

As part of creating a safe space for ELWHIV, social ecology theory is enhanced when companies partnering with SWHAP used Reality Wellness to provide them with counselling and psychosocial support to adhere with treatment. Essiet,

Baharom, Shahar & Uzochukwu (2017:110) indicate that social-ecological models provide a framework for understanding the impediments and enablers to physical activity behaviour as it not only focuses on individual characteristics but also considers the social and physical environment context which can include family, friends, neighbours, formal and informal organisations. Therefore, the findings show that Reality Wellness provided safe space at workplaces during health checks and during face-to-face counselling.

Theory of social ecology helped the study to understand the safe and good environment for ELWHIV to adhere with treatment at home and at work. Health check awareness days is part of the workplace programme to ensure that workplaces support ELWHIV to adhere with treatment. One of the findings reflects that Reality Wellness also uses its space to support ELWHIV through reminder calls and WhatsApp messages. Reality Wellness is also seen creating a safe space by allowing ELWHIV to pay visit whenever they need face-to-face session other than during the health check days which comes twice a year. Support from Reality Wellness is extended to ELWHIV families and ELWHIV who stopped working. According to (Glanz, 2005:18), the principles of social ecological models are stable with social cognitive theory concepts, suggesting that creating an environment conducive to change behaviour is important to making it easier for ELWHIV to adopt healthy behaviours and benefit from the psychosocial support.

This theory informed the study by showing the workplace as an environment where ELWHIV benefit from the support through Wellness Reality. While the environment has been an important theme in human thought, the environment and how humans' value it, use and think about it, has become an increasingly central and important aspect of recent social theory and political practice (Barry 2007:1). Workplace is seen as the environment where all employees do networking amongst themselves, particularly during health awareness days such as VCTs.

1.39.2 Theory of Empowerment

This theory is applied when beneficiaries of the ART programme, known as ELWHIV, are empowered to adhere with treatment at home and at work. It is shown in the findings that ELWHIV benefited from awareness activities such as health checks which done twice a year. This awareness activities were also done to empower them with information and to enjoy the opportunity to receive face-to-face, first-hand information on treatment and the importance of adherence. They are empowered receiving training, education and information regarding adherence to treatment at home and at work.

As previously presented in the theory of social ecology, during health checks through wellness awareness days, ELWHIV get the opportunity to get information pamphlets, peer helper sessions and face-to-face sessions with counsellors from Reality Wellness. Findings indicate that through information sharing and counselling, ELWHIV know the importance of adhering to treatment at home and at work. Reality Wellness also empowers ELWHIV in the form of theatre play, where two actors play and portray HIV messages through acting. This play is also done during the health check to ensure that information is well received. Theatre play is an example of an activity that puts ELWHIV closer to reality so that they understand the consequence of not adhering to treatment and the benefit of adhering. From the findings, Reality Wellness has shown to be using monthly colourful posters to attract the attention of ELWHIV so that they can read posters and know the messages. SWHAP used Reality Wellness to continuously empowered ELWHIV by ensuring that posters are shared every month with different messages of the month to keep ELWHIV motivated and well informed on all issues relating to treatment and adherence.

During interviews, ELWHIV were happy about the service and information that they receive from Reality Wellness; not only through face-to-face counselling, but through telephone checks where they can ask questions and share their stories. Therefore, Reality Wellness uses various activities to impart knowledge and empower ELWHIV to adhere with treatment at home and at work. (Gallant,

Cohen, & Wolff, 1985) highlight that some employees are best served by people they trust so that they can also help others. ELWHIV reflected in the findings that they are comfortable to receive the service from Reality Wellness. The relationship between ELWHIV and Reality Wellness makes it easy for imparting information and learning about adherence to treatment at home and at work.

1.40 Conclusion

Chapter 4 presented answers to the research questions from both key informants and ELWHIV collectively. Most of the participants', particularly key informants, indicated that ART programmes are good programmes that enhance support to ELWHIV to adhere with treatment at home and work. They have also shared challenges that ELWHIV are facing to adhere with treatment either at home or at work, as well as what they have benefited or learnt during the implementations of ART programmes.

During interviews with ELWHIV the researcher noted that one out of four ELWHIV was leaving openly with his HIV status and has disclosed at home and at work; two ELWHIV have not disclosed their status to anyone, both at home and at work, while one has disclosed only at home. Three ELWHIV informed the researcher that they are giving excuses when they go to clinics to get treatment, while the one participant, who is living openly with HIV is, enjoying benefits of ART programme support and does not have to give excuses when he is absent from work.

Other ELWHIV feared to participate in the study because of fear of stigma at work. The researcher could not generalise that other participants withdrew from the study because of fear of stigma and discrimination but it was clear to the researcher that there were some challenges at work. The researcher concluded interviews by asking participants how they felt and whether they needed counselling or not. All participants responded that they did not need counselling and they expressed happiness to have participated in this study. The two theories applied by the study indicated its relevancy through its application while being integrated with the findings.

The next chapter presents conclusion of the study and summarise the main findings based on the objectives, lastly it presents limitations of the study.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS OF THE STUDY

1.41 Introduction

The purpose of this study was to explore how implementation of ART programmes supports ELWHIV to adhere with treatment at home and work at selected companies that partnered with SWHAP so that gaps, challenges and areas of improvement can be identified. These companies are based in Ekurhuleni, Gauteng and most of them are male dominant since they are mining and engineering companies.

The preferred methodology for the study was qualitative method of collecting data and telephone interviews were conducted. Literature review enhanced appropriateness of the study by linking the study with relevant references. Two selected theories were employed and motivated the study for explorative research design. The study used purposive sampling to select participants such as the implementers of the ART programmes known as the key informants and the employees living with HIV known as beneficiaries of the programme.

The main method of data collection was through key informants and ELWHIV. A total of nine participants participated in the study. Data was analysed by thematic and content analysis. Triangulation was also done to enhance findings of the study by revisiting reports from SWHAP and Reality Wellness. Participants were given code numbers during analysis of data. Issues of ethical consideration were followed during the process of data collection.

This chapter concludes the study and it will summarise key findings from each research questions, presents the recommendations, summary of the theories and limitations of the study.

1.42 Summary of the key findings

Findings of the study are based on the answers, comments and what participants said during data collection. This discussion will be based on the themes based on objectives. Discussion on the findings will be based on exploring ART

programme support to ELWHIV to adhere with treatment at home and at work. Findings of the study reveal that ELWHIV seem to be benefiting from reminder calls from Reality Wellness to collect treatment, and benefit from psychosocial support to help them to adhere with treatment at home and at work and trauma counselling. The programme also offers other chronic services such as hypertension and glucose screening. ELWHIV expressed that they were happy when ART programme was first piloted in their companies and that they were positive and optimistic about the programme as it helped them know their HIV status. Key summary of the findings is presented as below.

1.42.1 Explored the implementation of ART programmes support to ELWHIV to adhere with treatment at home and at work.

The findings reveal that ART programmes were developed by SWHAP companies to support employees living with HIV to adhere with treatment. These programmes are ongoing through Reality Wellness. SWHAP companies implemented ART programmes by creating safe space and established functional ART programmes to support all employees, particularly ELWHIV because they are the vulnerable group.

Wellness workplace activities were enhanced through ART programmes to support ELWHIV to adhere with treatment. All interviewed ELWHIV got to know their HIV status during the regular HCT screening by Reality Wellness. Health screening is done twice a year where all employees get screened for HIV and chronic illness. According to participants of the study, Reality Wellness is a professional service provider that has agreement with SWHAP companies to enhance implementation of ART programme and to provide the necessary support through counselling and psychosocial support.

1.42.2 Identified how ART programmes provide support to ELWHIV to adhere with treatment at home and at work.

1.42.2.1 Support to ELWHIV.

The study revealed that Reality Wellness has proven to be providing counselling and psychosocial support to ELWHIV to adhere with treatment at home and at work. It provides 24hrs trauma counselling to employees when needed. This service is provided anytime by Reality Wellness as it keeps a data base of names and contact details of ELWHIV, which makes it easy for support to be provided. Reality Wellness is readily available for a visit by ELWHIV to their office anytime they feel like visiting. ELWHIV are also receiving support through information sharing during health check awareness where they share face-to-face sessions with the counsellors.

This support includes checking other chronic illnesses such as glucose, hypertension, and TB screening. The service provider also volunteers and provides multivitamins to improve the health of those who are sick. Reality Wellness provides reminder calls for treatment date or a check-up call to check if ELWHIV are well. Continuous HIV testing helps other employees know their HIV status and get linked with treatment as well as receiving counselling and psychosocial support. The relationship between Reality Wellness EWP counsellors and ELWHIV strengthens the support that ELWHIV are receiving.

1.42.2.2 Adherence to treatment.

The relationship between ELWHIV and Reality Wellness is based on trust. Therefore, it becomes easy for ELWHIV to disclose their challenges and adhere with treatment at home and at work. Receiving support from Reality Wellness helps ELWHIV experience less stress as they could talk to the counsellor anytime. The social ecology and empowerment theories were applied to this study and provided assumptions based on research objectives and research questions. These theories see companies as environments where wellness activities are enhanced through support, education and information sharing to

assist ELWHIV to adhere with treatment at home and at work. The service provider creates a safe space for ELWHIV to feel accepted at work so that they become productive than to be sick and become unproductive at work.

Participants informed the researcher that they are well informed about ART and have information on where they can access treatment. Employees are empowered with information on HCTs, treatment and prevention through pamphlets or during regular wellness screenings. Reality Wellness also posts wellness messages on their website as well as sharing information through circulation of pamphlets to SWHAP companies. Different health messages are sent and posted on Reality Wellness every month.

1.42.3 Identified some key challenges and gaps in the implementation of these programmes to support ELWHIV to adhere with treatment.

1.42.3.1 Absent from work.

Three out of four ELWHIV mentioned that they get treatment elsewhere because they have not disclosed their HIV status at work. They informed the researcher that they always face challenges of becoming absent from work when they go to collect their treatment at clinics. Therefore, they provide “excuses”. One of them brings a sick note when he returns to work. The word “excuse” was mentioned several times during the interview with participants. The researcher noted that there were challenges which make ELWHIV fear telling their employers the truth about being absent from work. Going to government clinics implies that they should be absent from work as these clinics are usually located in townships. There is a lack of trust between management and ELWHIV. They informed the researcher that it became a trend for them to give excuses because they do not want other employees to become suspicious of their conditions.

1.42.3.2 Stigma and discrimination.

The study reveals that fear of stigma and discrimination to ELWHIV instils fear in them and therefore, they are not able to benefit freely from ART programmes.

For example, some SWHAP companies have clinics on site but none of the participants were using this convenient service to collect their treatment. Participants informed the researcher that it is better for them to wait longer at government clinics far from workplaces than to use the onsite clinics where they could be seen by their fellow employees. Participants informed the researcher that although some of them are not ready to disclose their HIV status, implementation of ART programme remains supportive to them in to adhere with treatment at home and at work.

1.43 Conclusion

It is evident that ART programmes are in place and are provided through Reality Wellness. It is indicated that employers continue to delegate employee wellness responsibility to Reality Wellness for psychosocial support and counselling. ELWHIV are comfortable to share their challenges with the service provider because of the support that they are receiving. The major challenge is that management does not take ownership of ART programmes in their companies and this creates lack of trust between ELWHIV and management. However, it is evident enough that they trust Reality Wellness. Issues of adherence with treatment, particularly at work, are a problem because of fear of disclosure.

1.44 Brief summary of the two theories applied in the study.

The study explored the implementation of ART programme support to employees living with HIV. The two theories have been applied and integrated within the findings. Theory of social ecology and empowerment theories were employed by the study. They highlighted how workplaces can be used as social structures where management, human resources, peer educators and unions come together and empower ELWHIV without judging their HIV status or making them uncomfortable to disclose their HIV status particularly at work. The findings reveal that support from management and human resource to ELWHIV is not enough, however, Reality Wellness is doing a good job by offering counselling, a psychosocial support. This service is done in the form of empowering employees with information, education and training. Sharing information comes handy to

ELWHIV as they benefit from the 24-hour service through telephone, which is readily available.

Theory of social ecology is used to enhance good environment for ELWHIV to adhere with treatment at work by using Reality Wellness to create safe space for ELWHIV to adhere with treatment at home and at work. Empowerment theory is used to enhance empowerment of information, knowledge on ARTs, and how to adhere with treatment at home and at work. At work, service provider, Reality Wellness, creates safe space for ELWHIV by providing psychosocial support and counselling to help them adhere with treatment at home and at work. Empowerment theory is used to empower ELWHIV with information, education and knowledge on ARTs, and how to adhere with treatment at home and at work. The findings reveal that there is a good relationship between ELWHIV and Reality Wellness. This relationship enhanced the support that ELWHIV are receiving at home and at work.

1.45 Summary of the field notes.

The researcher conducted interviews from Reality Wellness office. Reality Wellness is situated away from the companies, which make it an enabling environment for ELWHIV to visit when they need face-to-face counselling. Since most of the SWHAP companies are engineering and manufacturing companies, most of the duties were not allowing telephone calls during working hours, except on breaks. Therefore, on daily basis ELWHIV are dealing with challenges, particularly those who did not disclose their HIV status to anyone.

During the process of the interviews with ELWHIV, the researcher noted that Reality Wellness was a calm space suitable for counselling and psychosocial support. The researcher felt so drained from the interaction with these participants, particularly because of the sensitivity of the topic. The researcher herself, coming from a workplace that deals with HIV related issues, found it difficult not to give her opinion during the interviews. ELWHIV indicated that they always give excuses every time they go to pick their treatment.

Even though they must give excuses, they always make sure that they pick their treatment. It is evident that they were aware of the importance of adherence to treatment both at home and at work. For this reason, ELWHIV took effort to get their treatment, even though it makes them absent from work, they rather provide excuses than to stay without treatment. Furthermore, it was clear that these participants are not willing to disclose their HIV status so that they can benefit fully and freely from the ART programmes. It was revealed that ELWHIV were not ready to disclose their HIV status one way or another, either at home or at work. Only one participant was leaving openly with his HIV status.

Throughout the interviews, all participants indicated that they got to know of their HIV status during the health check which was provided twice a year. This is also clear that ART programmes were beneficial to SWHAP companies. All participants appreciated the service that they were receiving from Reality Wellness, such as reminder calls to ELWHIV, counselling and psychosocial. The study also revealed that participants were happy as they did not request for psychosocial support after the interview. The researcher has noted commitment and dedication of the service provider toward the supporting ELWHIV. They often take an extra effort to follow up with employees who were on the programme and have left companies.

1.46 Limitation of the study.

Although the study proved to have achieved its objectives, there were limitations which prevented the researcher to go deeper and explore more on the ART programmes support to ELWHIV to adhere with treatment at home and at work. The following limitations were reveals from the study.

1.46.1 Focus of the study.

The study focused only on the support provided by ART programmes to ELWHIV to adhere with treatment at home and at work. The study was not open to a broader ART programmes which covers a range of aspects but was limited to the support and adherence to treatment.

1.46.2 Sensitivity of the study.

Due to sensitivity of the study and vulnerability of ELWHIV, interviews were done by telephone which limited the researcher to conduct face-to-face interview. Face-to-face interviews could have given the researcher an opportunity to see participants' non-verbal communication which could have allowed the researcher to interrogate participants further. Having the opportunity to see participants' facial expressions could have prompted further follow up questions. However, participants were happy and comfortable with telephone interviews. The researcher could sense a problem through the change of voice and sighs. The researcher was following the verbal expression which guided her with the questions.

1.46.3 Limited number of participants.

The study interviewed only employees living with HIV) rather than all employees which contributed to a smaller number of participants. This also contributed to the researcher interviewing a limited number of ELWHIV, as most of them feared being stigmatised at work. Managers, human resource and unions were not interviewed for confidentiality purposes to protect anonymity of ELWHIV.

1.46.4 Venue and environment of the study.

Only Reality Wellness, service provider that provide counselling and psychosocial support to ELWHIV, could facilitate preparation of these interviews. Therefore, service provider helped the researcher and identified more suitable participants for the study. Interviews were only allowed to take place in the premises of the service provider to ensure that ELWHIV are supported during the interviews.

1.46.5 No flexibility.

Interviews were only allowed to take place on a specific date and at a specific time such as tea or lunch break as participants were not allowed to use phones. Calls were only allowed to be done by the EWP counsellor who introduced the

researcher and hand over the telephone to the researcher to proceed with the interviews.

1.47 Recommendations of the study.

The researcher presented the following recommendations based on the findings from the research questions:

a. More dialogue on ART programmes, particularly on ART adherence at home and at work, need to happen. Further research studies and writing on ART support to ELWHIV to adhere with treatment at home and at work particularly in companies are encouraged.
b. Management should take ownership of ART programmes to enhance support to ELWHIV to adhere with treatment at home and at work. Management should get involved directly with ART programmes so that emerging challenges are addressed to strengthen productivity of workforce. Management should minimise delegating its responsibility to the service providers without getting involved. HR to keep records to enhance trust with ELWHIV.
c. Management should ensure that clinics on the sites are supported to provide smooth provision of ARTs and ensure that ELWHIV feel free to utilise them. Human resource should address routine absenteeism and find a solution to support ELWHIV to access treatment and ensure confidentiality for the reason of absenteeism.
d. Reassuring employees of job securities and support irrespective of their HIV status as this can encourage those who are living with HIV to disclose. Developing or amending policies on how ELWHIV should be supported to adhere with treatment at home and at work.
e. Unions and HR should ensure that temporary and short-term contract employees' rights to health are protected and respected by companies. Information regarding medical AIDS benefits, particularly on accessing ARV treatment.

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Appendices

2.1 Appendix A

UNISA university of south africa

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

01 February 2019

Dear T. D. Mosehle

NHREC Registration # : Rec-240816-052

CREC Reference # : 2019-CHS-0236

Student No : 34366245

Decision:
Ethics Approval from 01 February 2018 to 31 January 2021

Researcher(s): T. D. Mosehle

Supervisor(s): Mr Leon Roets
Department of Sociology

Implementing antiretroviral treatment programmes support to employees living with HIV in adherence: The case of companies partnering with The Swedish Workplace HIV/AIDS Programme (SWHAP).

Qualifications Applied: Masters

College of Human Science ethics committee hereby acknowledge your application for Research Ethics Certificate; approval is granted for three years on condition that the researcher should submit annual progress report.

The **Chair of College of Human Sciences Research Ethics Committee reviewed the Medium risk application** on the 29 January 2019 in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment. The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.

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2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the Department of Psychology Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No field work activities may continue after the expiry date **(31January 2021).** Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number **2019-CHS-0236** *should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Signature :

Dr Suryakanthie Chetty
Deputy Chair : CREC
E-mail: chetts@unisa.ac.za
Tel: (012) 429-6267

Signature :

Professor A Phillips
Executive Dean : CHS
E-mail: Phillap@unisa.ac.za
Tel: (012) 429-6825

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2.2 Appendix B

Interview guide for key informant (programme questions)

Introduction

I am a student from University of South Africa. I am studying Master of Arts degree in Social and Behaviour studies in HIV and AIDS. I am exploring the implementation of antiretroviral treatment programme support to employees living with HIV in adherence: The case of companies partnering with The Swedish Workplace HIV/AIDS Programme (SWHAP).

I would like to request to interview you as a selected key informant with regards to your role as the programme implementer. I therefore request 45-60 minutes of your time to go through a set of questions in this interview schedule.

Demographic information about participant

Sex: Female ☐ Male ☐

Age: ☐

Designation:……..

Company:……...

Questions

1. What is the current status of implementing ART programmes at selected companies?
   1.1 Do you have funding to support the programme?
2. How do these programmes support ELWHIV to adhere to ART at home and work?
   2.1 Are there any support systems to enhance adherence?
3. What are the key challenges and gaps experienced when implementing ART programmes to support ELWHIV?
   3.1 How did those challenges get addressed?
4. What are the lessons learnt, successes, and recommendations in the areas of improvement?
   4.1 What is your overall comment about the programme?

4.2 How do you feel about the programme?

Interview guide for beneficiaries of the programme (probing questions)

Introduction

I am a student from University of South Africa. I am studying Master of Arts degree in Social and Behaviour studies in HIV and AIDS. I am exploring the implementation of antiretroviral treatment programme support to employees living with HIV in adherence: The case of companies partnering with The Swedish Workplace HIV/AIDS Programme (SWHAP).

I would like to request to interview you as a selected participant with regards to your role as the beneficiary of the programme. I therefore request 45-60 minutes of your time to go through a set of questions in this interview schedule.

Demographic information about participant

Sex: Female ☐ Male ☐

Age: ☐

Designation:…….

Company:……...

Questions

1. What is the current status of implementing ART programmes at selected companies?
   1.1 How long have you been participating in the programme?
   1.2 What was your reaction when the programme was first piloted?
2. How do these programmes support you to adhere with ART at home and at work?
   2.1 What kind of support do you receive from the programme?
   2.2 Does the support help you to adhere with treatment at home and at work?
3. What are the key challenges and gaps experienced while implementing ART programmes to support you?
   3.1 Are the programme implementers aware of these challenges? What did they do?
4. What did you learn or benefit from ART programme?
   4.1 How do you feel about this interview? Do you need counselling?

Response from Reality Wellness regarding more participants for interviews:

From: Charmaine Sheen <charmaine@realitywellness.co.za>
Sent: Monday, 07 October 2019 15:43
To: T D MOSEHLE <34366245@mylife.unisa.ac.za>; 'Data Capturer' <DataCapturer@realitywellness.co.za>
Subject: RE: Request for more interview to validate the findings

Hi Tselane,

I am not sure that we can source more, I will check with Nonku and advise.

Thanks

Charmaine

From: T D MOSEHLE [mailto:34366245@mylife.unisa.ac.za]
Sent: Monday, 07 October 2019 14:07
To: Charmaine Sheen; 'Data Capturer'
Subject: Re: Request for more interview to validate the findings

Good Day Charmaine,

Thank you for your email.

I would like to request your office to arrange more participants so that I can be able to close the key findings of the study. I may not be able to conclude the findings based on four participants. If it is possible i can interview at least 4 more participants.

I will make time to come over once the arrangement is done.

You kind assistance is highly appreciated.

Best regards,

Tselane

From: Charmaine Sheen <charmaine@realitywellness.co.za>
Sent: Monday, 07 October 2019 11:14

To: T D MOSEHLE <34366245@mylife.unisa.ac.za>; 'Data Capturer' <DataCapturer@realitywellness.co.za>
Subject: RE: Request for more interview to validate the findings

Hi Tselane,
Hope you are keeping well.

Please can you provide further insight into what you are looking for.

Thanks

From: T D MOSEHLE [mailto:34366245@mylife.unisa.ac.za]
Sent: Friday, 04 October 2019 10:13
To: Charmaine Sheen; Data Capturer
Subject: Request for more interview to validate the findings

Good morning Charmaine and Nkulie,

I trust that my email finds you well.

Following the comments from my supervisor, Mr Leon Roets, I have to do further interviews to validate my findings. I do have findings but extra ideas will help me to take decision on the findings.

I would be grateful if you can assist and arrange extra interviews for me. I will be asking same questions but I need new participants.

Your kind assistance is highly appreciated.

Looking forward to hearing from you.

Best regards,

Tselane

2.3 Appendix C

UNISA university of south africa

Appendix C TD Mosehle: 34366245

PARTICIPANT INFORMATION SHEET

Informed Consent

17 July 2019

Title: Implementing antiretroviral treatment programmes support to employees living with HIV in adherence: The case of companies partnering or not partnering with The Swedish Workplace HIV/AIDS Programme (SWHAP).

Dear Prospective Participant,

My name is Tselane Mosehle and I am doing research under the supervision of Mr Leon Roets, senior lecturer in the Department of Sociology towards a Master of Art in Social Behaviour studies in HIV/AIDS at the University of South Africa. We are inviting you to participate in a study entitled:

Implementing antiretroviral treatment programmes support to employees living with HIV in adherence: The case of companies partnering or not partnering with The Swedish Workplace HIV/AIDS Programme (SWHAP).

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of the study is to evaluate how the implementation of ART programmes does support ELWHIV to adhere with treatment at home and work at selected companies so that gaps, challenges and areas of improvement can be identified.

WHY ARE PARTICIPANTS INVITED TO PARTICIPATE?

Participants are invited to be interviewed on the support that ELWHIV are receiving or they should be receiving to adhere with treatment. Participants are directly involved as programme implementers and beneficiaries of the programme. Approximately 16 participants will be participating in the study.

WHAT IS THE NATURE OF PARTICIPANT'S PARTICIPATION IN THIS STUDY?

Participants will answer questions during the interviews. Key informant interviews will expand the understanding of the research about existing ART programmes at their companies. Beneficiaries of the programme will be asked face to face questions on the support they are receiving from the existing ART programmes with regards to adherence with treatment at home

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and at work. A semi-structured interview guide with research questions will be used. The duration of each session will take 45-60 minutes (approximately one hour).

CAN PARTICIPANTS WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participating in this study is voluntary and participants are under no obligation to participate. Participants are free to withdraw at any time and without giving a reason. If participants do decide to take part, they will be given the consent form to keep and be asked to sign.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

To be part of the study as one of the outcomes will be to enhance the existing ART programmes to provide effective and sufficient support to ELWHIV to adhere with treatment. The study will also bring positive exposure to other companies, researchers, policy makers, government and stakeholders.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR PARTICIPANTS IN THE RESEARCH PROJECT?

There are no negative consequences for participants. The study will consider the rights and the dignity of the research participants. Reality Wellness will provide psycho social support when needed by ELWHIV. The researcher will ensure that participants are subjected only to the risks that are clearly necessary for the conduct of the research. Those risks will be assessed, and adequate precautions will be taken to minimize them in line with the UNISA Research Ethics Risk Assessment Standard Operating Procedure.

WILL THE INFORMATION THAT PARTICIPANTS CONVEY TO THE RESEARCHER AND THEIR IDENTITY BE KEPT CONFIDENTIAL?

The participants name will not be recorded anywhere and that no one, apart from the researcher and identified members of the research team will know about participants' involvement in this study. No one will be able to connect to the answers that participants have provided. Participant's answers will be given a code number, or a pseudonym and they will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings. Data will be shared when it does not identify participants in the form of anonymous or when the rights to anonymity have been waivered. Reality Wellness will also ensure confidentiality and anonymity of participants since it is accredited service provider.

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HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

Hard copies of participants' answers will be stored for a period of five years in a locked cupboard/filing cabinet in the company and at the library for future research or academic purposes; electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable.

WILL PARTICIPANTS RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

There will be no incentives or payment for participating in the study. Any costs incurred by the participants will be explained and justified in adherence with the principle of fair procedures (justice).

HAS THE STUDY RECEIVED ETHICS APPROVAL?

Research Ethics Review Committee of the ***[2019-CHS-0236]***, Unisa.

HOW WILL PARTICIPANTS BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If participants would like to be informed of the final research findings, please contact Tselane Mosehle on 073 250 4109 telephone number or email address 34366245@mylife.unisa.ac.za Should you require any further information or want to contact the researcher about any aspect of this study, please contact Tselane Mosehle on Dricca1@live.co.za

Should you have concerns about the way in which the research has been conducted, you may contact Mr Leon Roets contact details, 012 429 6975, roetshjl@unisa.ac.za. In the case of alternatively, contact the research ethics chairperson on the number that will be provided.

Thank you for taking time to read this information sheet and for participating in this study.

Thank you.

TD Mosehle

Participant signature.....Date.....Place.....

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2.4 Appendix D

Appendix D TD Mosehle 34366245

Request for permission to conduct research at your company

Topic: Implementing antiretroviral treatment programmes support to employees living with HIV in adherence: The case of companies partnering with The Swedish Workplace HIV/AIDS Programme (SWHAP).

Ms Charmaine Sheen
Director
Reality Wellness
2 Bradford road
Bedfordview, Johannesburg
Tel: +27 861 115 235
Email: charmaine@realitywellness.co.za

Dear Ms Sheen,

I, Tselane Dricca Mosehle am undertaking a research. My supervisor is Mr Leon Roets, a senior lecture in the Department of Sociology towards a MA Social Behaviour studies in HIV/AIDS at the University of South Africa.

We are inviting you to participate in a study entitled: Implementing antiretroviral treatment programmes support to employees living with HIV in adherence: The case of companies partnered with The Swedish Workplace HIV/AIDS Programme (SWHAP).

The purpose of the study is to evaluate and explore how the implementation of ART programmes does support Employees Living with HIV (ELWHIV) to adhere with treatment at home and work at selected companies that partnered with SWHAP so that gaps, challenges and areas of improvement can be identified.

The researcher has obtained ethical clearance from the University of South Africa (UNISA) which is attached. Issues of confidentiality and anonymity will be protected. There are no potential risks or harm for conducting the study since the researcher intend to work closely with Reality Wellness during data collection. Participants will be asked to sign the consent form before the interview commences.

Reality Wellness has been selected because of its involvement in the health and wellness support to workplaces. The researcher would like to be introduced to one or two companies that you provide support as well as potential participants; 2 Human Resource employee one from each company, 2 Peer Educators one from each company, 2 Managers one from each company (if possible) and 8 beneficiaries of the program who are living with HIV.

The findings of the study will be beneficial to SWHAP and its partnered companies because outcomes will enhance the existing ART programmes to provide effective and sufficient support to ELWHIV. Findings will also bring exposure to the programmes, researchers, policy makers and the government.

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Feedback will entail sharing the findings and the report with participants.

Yours sincerely,

T D Mosehle

Researcher

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